Professional Liability / E&O — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Professional Services

Describe Professional Services Provided:	
Years Providing These Services:	
Number of Professionals Providing Services (owners + staff):	
Do You Provide Services Under Contract? (Y/N — standard contract used?):	
Do Contracts Include a Limitation of Liability Clause? (Y/N):	
Any Work Subcontracted to Others? (Y/N — describe):	

Coverage Requested

Desired Limits (Per Claim / Aggregate):	
Desired Retroactive Date (if known — or 'Full Prior Acts'):	
Desired Deductible/Retention:	

Claims History

Any Claims or Disciplinary Actions in the Past 5 Years? (Y/N — describe):	
Aware of Any Circumstance That Could Lead to a Claim? (Y/N — describe):	

Current/Prior Carrier & Expiring Premium (if known):	
Requested Effective Date:	