

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIM-MADE BASIS

GENERAL INFORMATION

1. NAME OF APPLICANT : _____
2. PLEASE CHECK ONE BOX : ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ PROFESSIONAL CORPORATION ☐ PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS : _____
4. DATE OF INCORPORATION : _____ 5. WEB SITE ADDRESS (if available) _____
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS? ☐ YES ☐ NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA? ☐ YES ☐ NO
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YOU DESIRE COVERAGE FOR : _____
9. PLEASE DESCRIBE IN DETAIL THE PROFESSIONAL ACTIVITIES FOR WHICH COVERAGE IS DESIRED : _____
10. NUMBER OF PRINCIPALS, PARTNERS, OFFICERS AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING MANAGEMENT CONSULTING SERVICES TO CLIENTS : _____
11. NUMBER OF NON-PROFESSIONAL EMPLOYEES (CLERKS, SECRETARIES, ETC.) : _____

12. PLEASE SPECIFY WHAT PERCENTAGES OF INSURED'S RECEIPTS ARE SUBCONTRACTED BY A THIRD PARTY? _____%
13. ARE SUBCONTRACTORS REQUIRED TO HAVE THEIR OWN PROFESSIONAL LIABILITY INSURANCE? ☐ YES ☐ NO
14. PLEASE INDICATE APPLICANTS TOTAL REVENUES OR GROSS INCOME :

	PREVIOUS YEAR	THIS YEAR	NEXT YEAR
CLIENTS IN PUERTO RICO			
CLIENTS IN UNITED STATES/CANADA			
CLIENTS IN REST OF THE WORLD			

15. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

16. HAS APPLICANT BEEN INVOLVED ON THE FOLLOWING AREAS:

- A. ON ACTIVITIES OF FINANCIAL INVESTMENT ADVICE, INCLUDING PENSION PLANS, LIFE AND HEALTH INSURANCE AND OTHER EMPLOYEE BENEFITS? ☐ YES ☐ NO
- B. AUDITING/ SAFETY OR HEALTH INSPECTIONS ☐ YES ☐ NO
- C. CONSTRUCTION, ENGINEERING, OR STATE INSPECTIONS ☐ YES ☐ NO
- D. DESIGN, MANUFACTURING, DISTRIBUTION OR PRODUCT MAINTENANCE ☐ YES ☐ NO

If yes to any question 16a-16d, please provide details : _____

17. PLEASE DETAIL THE GROSS RECEIPTS BASED ON THE FOLLOWING ACTIVITIES :

ACTIVITY	CURRENT YEAR	ACTIVITY	CURRENT YEAR
ORGANIZATIONAL STRUCTURE	_____ %	BENEFIT CONSULTING	_____ %
INVESTMENT COUNSELING	_____ %	MARKETING	_____ %
EMPLOYEE EVALUATION	_____ %	DATA PROCESSING CONSULTING	_____ %
MANAGEMENT LEVERAGES BUYOUTS	_____ %	MERGER/ACQUISITION/DIVESTITURE	_____ %
LONG RANGE PLANNING	_____ %	SYSTEM ANALYSIS	_____ %
RISK MANAGEMENT	_____ %	PRODUCT DEVELOPMENT	_____ %
OTHER (PLEASE SPECIFY)	_____ %	TOTAL	_____ %

18. DOES APPLICANT USE WRITTEN CONTRACTS WITH THEIR CLIENTS THAT HAVE BEEN REVISED BY LEGAL ADVISORS? ☐ YES ☐ NO

19. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES		PREMIUM
			from	(mo./day/year) to	

20. HAS ANY SIMILAR INSURANCE EVER BEEN DECLINED OR CANCELLED? ☐ YES ☐ NO (if yes, attach an explanation.)

INTERNAL CONTROLS

21. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE?

☐ YES ☐ NO

B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE?

☐ YES ☐ NO

C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES?

☐ YES ☐ NO

D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE?

☐ YES ☐ NO If yes please detail name, position and time with Applicant.

CLAIMS & CIRCUMSTANCES

22. DOES ANY PERSON TO BE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY ACT, ERROR OR OMISSION WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM AGAINST APPLICANT, PARTNER, MANAGERS OR DIRECTOR & OFFICERS OR PREDECESSOR? ☐ YES ☐ NO

23. DOES ANY PERSON TO BE INSURED HAVE KNOWLEDGE OF ANY CLAIM AGAINST APPLICANT, PARTNER, MANAGERS OR DIRECTOR & OFFICERS OR PREDECESSOR? ☐ YES ☐ NO

IF QUESTIONS 20-21 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : _____

TITLE : _____ DATE : _____

AIG Insurance Company-Puerto Rico
250 Muñoz Rivera Ave., Suite 500, Hato Rey, PR 00918,
PO Box 10181, San Juan, Puerto Rico 00908-1181
TEL: 787.767.6400
www.aig.com.pr