



The Professional Protector Plan®

Occurrence

General Liability Supplement



Please answer all questions. Do not leave any blanks. If a question is not applicable, please write N/A.

New Policy Requested Effective Date ____/____/____ Rewrite of Policy Number _____
 Renewal of Policy Number: _____ Web Address: _____

1. Policy Request Information
 (Please check with your agent):

<input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000	<input type="checkbox"/> \$ 2,000,000 / \$ 4,000,000	<input type="checkbox"/> \$ 4,000,000 / \$ 4,000,000
<input type="checkbox"/> \$ 1,000,000 / \$ 3,000,000	<input type="checkbox"/> \$ 2,000,000 / \$ 6,000,000	<input type="checkbox"/> \$ 5,000,000 / \$ 5,000,000
<input type="checkbox"/> \$ 2,000,000 / \$ 2,000,000	<input type="checkbox"/> \$ 3,000,000 / \$ 3,000,000	<input type="checkbox"/> \$ 5,000,000 / \$ 8,000,000
<input type="checkbox"/> \$ 2,000,000 / \$ 3,000,000	<input type="checkbox"/> \$ 3,000,000 / \$ 6,000,000	

PLEASE TELL US ABOUT YOURSELF

2. Name: (First/Middle Initial/Last/Designation)

3. Practice Address: (Attach a separate application if there are multiple address)

_____	_____	_____	_____	_____
Street	City	County	State	Zip Code
_____	_____	_____	_____	_____
Street	City	County	State	Zip Code

PLEASE TELL US ABOUT YOUR GENERAL LIABILITY NEEDS

4. Do you desire Shared or Separate Limits of liability to apply to each location:
 Shared (Limits are Shared with each location at no additional cost) **Separate** (each location has its own set of limits and an additional charge applies)

5. Have you had any general liability losses in the past **three (3)** years?..... Yes No
 If "**Yes**", provide date(s) of loss and detail(s). _____

6. Do you desire ERISA Fiduciary Liability Coverage / Employee Benefits Liability? Yes No
 Coverage is recommended if you sponsor any Employee Benefit Plan. This is NOT the bond for your pension plan. Coverage is written on a Claims-made basis.
 "If "**Yes**", check the desired Limits of Liability: \$ 100,000 \$ 250,000 \$ 500,000 \$ 750,000 \$ 1,000,000

7. Would you like to increase the standard \$ 500,000 Fire / Water / Legal Liability Limits? Yes No
 If "**Yes**", check the desired Limits of Liability: \$ 750,000 \$ 1,000,000

8. If your equipment lease or rental requires you to name the equipment lessor as an additional insured, please provide the name and address of the lessor as it appears on the lease or rental agreement. _____

9. If your building lease requires the building owner to be included as an additional insured for the portion of the premises leased to you, please list the Lessor's name and address as it appears on your lease: _____

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize the CNA Insurance Companies to release the information on this application and associated underwriting information. I understand that my Professional Liability Coverage will be written on an "Occurrence Form."

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For Puerto Rico residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

Signature in full:

Date

Agent's Signature

Date