



# APPLICATION FOR FURNISHINGS AND DESIGN PROFESSIONAL LIABILITY COVERAGE

Return Applications to:  
**Fox Point Programs, Inc.**  
 250 Philadelphia Pike, 2nd Floor  
 Wilmington, DE 19809-3125  
 Tel: 800-499-7242/Fax: 302-765-2088  
 www.foxpointprg.com

**NOTICE:** THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLIS LINES BASIS

**Rates shown below are for applicants generating gross revenues of \$200,000 or less annually. Firms with annual incomes in excess of \$200,000 should contact Fox Point Programs.**

SELECT	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY FEE (REQUIRED)	TOTAL DUE (PREMIUMS + FEE)
<input type="checkbox"/>	\$500,000/\$500,000	\$5,000	\$ 750.00	+\$100.00	\$ 850.00
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$5,000	\$1,000.00	+\$100.00	\$1,100.00

- A. Name of Applicant \_\_\_\_\_  
 Applicant Address \_\_\_\_\_  
 Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- B. Contact Name \_\_\_\_\_ Date Business Established \_\_\_\_\_
- C. Applicant is:  Individual  Partnership  Corporation  Other (*specify*) \_\_\_\_\_
- D. Does the Applicant engage in any business or profession other than Interior Design? . . . . .  Yes  No  
 If "Yes", describe: \_\_\_\_\_
- E. Please indicate the total annual gross revenues for the past three years and projected for the current year:  
 3rd Previous Year \$ \_\_\_\_\_ 2nd Previous Year \$ \_\_\_\_\_ Previous Yr \$ \_\_\_\_\_  
 Projected for the current year \$ \_\_\_\_\_
- F. What percentage of your revenue comes from the following activities? (Must equal 100%)  
 Residential \_\_\_\_\_% Hospitals \_\_\_\_\_% Restaurants \_\_\_\_\_% Hotels \_\_\_\_\_% Retail \_\_\_\_\_%  
 Government \_\_\_\_\_% Other \_\_\_\_\_% *specify*: \_\_\_\_\_
- G. Does the Applicant provide any services other than those listed in Question C above? . . . . .  Yes  No  
 If "Yes", please provide details on a separate sheet.
- H. Are any of the Applicant's owners/employees Architects or Professional Engineers (PE)? . . . . .  Yes  No
- I. Are clients notified in writing that the Applicant cannot guarantee cost estimates and other contractor performance? . . . . .  Yes  No
- J. Is the Applicant involved in the construction or installation aspects of a project? . . . . .  Yes  No
- K. Does the Applicant use standard contracts with customers to define the scope of the intended work?  Yes  No
- L. Are all oral communications and commitments (such as changes in instructions and decisions) Approved in writing by the client? . . . . .  Yes  No

M. Has any prior E&O insurance policies been cancelled or non-renewed? . . . . .  Yes  No

N. Is the Applicant now, or in the past (or is it intending to be) controlled or owned by, or to own or be associated or affiliated with any other firm or business enterprise? . . . . .  Yes  No

O. Are any changes in the nature or size of the Applicant's business anticipated over the next 12 months?  Yes  No  
*If the anticipated change exceeds 25%, please attach a full explanation on a separate sheet.*

P. Has the Applicant had any E&O claims in the past five years, or have knowledge/information of any act, error, or omission which might reasonably be expected to give rise to a claim? . . . . .  Yes  No

***If you answered "Yes" to M, N or P above, provide details on a separate sheet.***

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**Payment A. Check For Full Amount Due, Payable To Fox Point Programs, Inc.**

**Options B. Credit Card**  VISA  MasterCard  AMEX

\_\_\_\_\_ CREDIT CARD NUMBER

\_\_\_\_\_ EXP DATE

Date \_\_\_\_\_  
Applicant's Authorized Signature

**THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE.** THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.