

**RIGHT OF WAY PROFESSIONALS
ERRORS & OMISSIONS PREMIUM INDICATOR FORM**

1. Name of Applicant: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____
3. Website: www. _____ Email Address: _____
4. Total Gross Billings/Receipts: \$ _____ (past fiscal year) \$ _____ (current fiscal year) \$ _____ (estimate next fiscal year)
5. Provide a breakdown of the Applicant's staff (including Principals, Partners, Officers): Full-Time: _____ Part-Time: _____ Total: _____
6. Of the Applicant's total staff, how many are: Principals/Partners/Officers: _____ Professional Staff: _____ Other Employees: _____
7. How many employees (including Principals, Partners, Officers) are members in good standing with the IRWA? _____
8. Indicate as a percentage of last year's gross revenue the Applicant's Right of Way (ROW) and Non-ROW related services. The answers must total 100%. (List any additional services that could not fit in the box below on an attached sheet)

Service	% ROW	% Non ROW	Service	% ROW	% Non ROW
Abstractor			Title/Escrow/Closing		
Project Manager			Real Estate Appraiser		
Property Manager			Real Land Surveyor		
Design Professional			Environmental Consultant (Phase 1)		
Acquisition/Relocation/Nominal Appraisals			Real Estate Development		
Realtor/Broker			Other (identify):		

9. Are subcontractors used to perform professional services? Yes No (If yes, complete the box below)

Questions	Answers
a. Number of subcontractors hired in the last year:	a.
b. Percentage of receipts derived from subcontractors work:	b.
c. Type of work done by subcontractors:	c.
d. Qualifications required of a subcontractor:	d.
e. Minimum experience of a subcontractor required:	e.
f. Are any subcontractors used outside the U.S.? If yes, what countries?	f.
g. How is the work of subcontractors supervised by the Applicant?	g.
h. Are the subcontractors required to carry their own E&O Insurance?	h.
i. Does Applicant obtain proof of E&O Insurance from every subcontractor?	i.

10. Desired: E&O Limit of Liability : \$ _____ per claim / \$ _____ aggregate Deductible: \$ _____
 Effective date: _____ Retroactive (Prior Acts) Date: _____
 If currently insured, provide a copy of the policy Declarations Page verifying current limits of liability, deductible and prior acts / retroactive date coverage.
11. Has any claim, suit, demand or disciplinary complaint / action been made against the Applicant, its predecessor(s) or any past or present owners, officers, principals, partners, directors or employees within the past five (5) years? Yes No
 If yes, please provide a brief description of each matter on a separate page.

This completed form only provides an indication of premium. Formal coverage terms may only be offered upon completion, submission and approval of a formal application by the applicant.

Signature _____ Date _____
 Print Name _____ Title _____