

14280 Park Meadow Drive, Suite 300  
Chantilly, VA 20151-2219

Phone: 703-652-1300 or 800-356-6886  
Fax: 703-652-1389

## Errors and Omissions Liability Insurance Renewal Application

This application is for a Claims Made and Reported Policy

Please answer all questions completely, using attachments if necessary.  
Do not leave any space blank; please indicate "n/a" if a question is not applicable.

Broker Information		
1. Company Name:		
2. Address:		
3. Primary Contact Name:	Email:	Phone:

Applicant Information	
4. Named Insured (as it should appear on the policy):	
5. Address:	
6. Website:	
7. Additional Named Insured(s) (including % of ownership):	Check box if no changes <input type="checkbox"/>
Additional Named Insured	%
8. Companies acquired or sold:	Check box if no changes <input type="checkbox"/>
Entity	A/S
Date	Description

9. Applicant Contact Information			
	Name:	Title:	Email:
Primary:			
SIR Billing:			
Loss Run:			
Loss Control:			
Claims:			
Finance:			

**10. Any changes to operations or services provided?**

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**11. Any desired changes to current limit or SIR?**

Desired Limit	
Desired Self Insured Retention	

**12. Projected Revenue by Product or Service**

Product or Service	U.S. / Canada	Other / Foreign
Manufacturing: Medical Devices- (proprietary products)		
Manufacturing: Pharmaceutical/ Biologics (proprietary products)		
Contract Manufacturing		
Contract Services for Others (e.g. Packaging / Repackaging / Sterilization / Regulatory		
Distribution		
Equipment Installation, Maintenance or Service		
Consulting /Research /Engineering / Design Services		
Other:		

**Product or Service Information**

List and Describe	(please use attachment if necessary)	
13. Any changes to your five largest customers? <input type="checkbox"/> Check box if no		
Customer	Size of Contract	Duration of Contract

14. Do you have any new products that are expected to be introduced in the next year? If yes, please describe the products below:				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Quality Control, Suppliers, Contracts</b>				
15. Have you received an FDA 483 or Warning Letter or otherwise been the subject of an FDA enforcement action within the last six years?				<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please attach a document explaining the violations and their disposition.
16. Have any of your customers' products been removed or recalled from the market in the past year because of a problem/defect with a product or service provided by you?				<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify the following below:
Date	Voluntary or Mandatory	Recall Class	Reason for Recall/Removal	Completed
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
17. What percentage of your component parts are supplied by outside vendors?			_____ %	Please list:
18. What percentage of your component parts are supplied by foreign-based companies?			_____ %	Please list:
19. Does your legal counsel review and approve all contracts, advertising and promotional materials and brochures?				<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you had a customer bring suit or threaten to bring suit because of a problem with your product or service?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

<b>Claim/Incident Information</b>	
21. Do you know of any act, error, omission or circumstance that could reasonably give rise to a claim under the coverage requested in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
22. Have you reported to Medmarc all wrongful acts which may result in a claim against you in the future? Refer to your policy, Section IV. 2. Duties in The Event Of Claim. Failure to promptly report all claims could result in the loss of coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:

## Insurance Fraud Warning

For your protection, the following warning is required by various state laws: any person who knowingly and with the intent to injure, defraud, or deceive any insurance company or other person, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to criminal and civil penalties which may include imprisonment, fines, and denial of insurance.

### State Specific Fraud Warning Statements

#### **ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

#### **ARKANSAS / DISTRICT OF COLUMBIA / LOUISIANA / RHODE ISLAND / WEST VIRGINIA**

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.

#### **CALIFORNIA**

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholders or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### **KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### **MAINE / TENNESSEE / VIRGINIA / WASHINGTON**

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 denial of insurance benefits.

#### **MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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**NEW MEXICO**

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 civil fines and criminal penalties.

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**NEW YORK**

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 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.

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**OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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**OKLAHOMA**

**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.

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**OREGON**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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**PENNSYLVANIA**

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.

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The undersigned authorized officer of the applicant warrants that the statements set forth in this Application are true and complete, and acknowledges and understands that the Medmarc Insurance Group and its affiliated company, Noetic Specialty Insurance Company, are relying on the accuracy and completeness of such information in determining eligibility, qualification and pricing for the insurance provided. The undersigned also warrants that it has not suppressed or misstated any material facts or made any misleading representations. If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that he or she will immediately report such changes to the Insurer. Completing and signing this Application does not bind the undersigned to purchase this insurance, nor does it bind coverage. Coverage will not be bound, nor will a policy be issued, until the applicant signifies acceptance of the company's premium quotation.

<b>Authorized Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Title:</b>	
<b>Email:</b>	

Please return your signed application using one of the following:

Fax: (703) 652-1389

Email: [Apps@medmarc.com](mailto:Apps@medmarc.com)

Mailing: 14280 Park Meadow, Suite 300, Chantilly, VA 20151