

# Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
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## HELIX PLUS

### SUPPLEMENT FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis)

If space is insufficient to answer any question fully, attach a separate sheet.

#### I. GENERAL INFORMATION

1. Full name of Applicant: \_\_\_\_\_

#### II. NON-MEDICAL PROFESSIONAL ACTIVITIES AND SPECIALTY

1. Describe all non-medical professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Non-Medical Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

2. (a) Estimated annual gross revenues for non-medical professional services for the coming year: \$ \_\_\_\_\_

(b) Annual gross revenues for non-medical professional services the last twelve months: \$ \_\_\_\_\_

3. Describe Applicant's three largest non-medical jobs in the last three years:

Client Name	Non-Medical Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Does the Applicant utilize the services of independent contractors for non-medical professional services? \_\_\_\_\_ Yes [ ] No [ ]  
If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.  
\_\_\_\_\_

5. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? ..... Yes [ ] No [ ]  
(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any products? ..... Yes [ ] No [ ]  
If Yes, to either (a) or (b) describe. \_\_\_\_\_

6. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer? ..... Yes [ ] No [ ]  
If Yes, provide of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. \_\_\_\_\_

#### III. NON-MEDICAL PROFESSIONAL SERVICES CLAIMS/HISTORY

1. During the last five years, have there been any claims or proceedings arising out of non-medical professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? ..... Yes [ ] No [ ]

If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? ..... Yes [ ] No [ ]

If Yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? ..... Yes [ ] No [ ]

If Yes, attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? ..... Yes [ ] No [ ]

If Yes, provide details on a separate sheet.

**VIII. PRIOR AND OTHER INSURANCE**

1. List current and prior Professional Liability Insurance for non-medical professional services for each of the last three (3) years:

If None, check here [ ]

Insurer	Limits of Liability	Deductible	Premium	Inception-Expiration Dates (MM/DD/YYYY)	Retroactive/Prior Acts Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Title (Officer, partner, etc.)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date