

**Insurance Professionals Errors and Omissions Insurance
 Supplemental Application H-Awareness Questionnaire
 FOR A CLAIMS-MADE AND REPORTED INSURANCE POLICY**

Name of Applicant:

In regard to professional services provided by the applicant agency or its staff, please indicate if, during the last twelve months, the agency or its staff has:

1	Received a subpoena for records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Received a request from a carrier, attorney, or client for a copy of an agency file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Given or scheduled a recorded or written statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Given or scheduled a deposition or examination-under-oath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Received a demand for money or services or the threat of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Attended or scheduled attendance at an arbitration, mediation, or other form of alternative dispute resolution proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Received notice of a complaint from a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Been investigated by a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Been the subject of an audit by a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Been the subject of an audit by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain "Yes" responses on this form or a separate sheet unless the item was in conjunction with claims or situations otherwise disclosed on the application.

Item #	Explanation of situation (include dates)

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application. Misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Safeco Insurance Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

Signature of Applicant _____ Date _____