

ACORD 832 MN (2016/03) - Minnesota Miscellaneous E&O Section

ACORD 832 MN, Minnesota Miscellaneous E&O Section, is used to apply for miscellaneous errors and omissions coverage in Minnesota.

The form was designed to be used in conjunction with ACORD 825, Professional / Specialty Insurance Application. This form must be attached to ACORD 825 for a completed application submission. Alternatively, this form may also be attached to ACORD 125, Commercial Insurance Application.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	DBA	Enter text: The name by which an organization is doing business.
COVERAGE REQUESTED	Per Claim Limit	Enter limit: The limit amount for each claim.
COVERAGE REQUESTED	Aggregate Limit	Enter limit: The aggregate limit amount.
COVERAGE REQUESTED	Per Claim Retention	Enter limit: The retained limit amount.
COVERAGE REQUESTED	Aggregate Retention	Enter amount: The retained aggregate amount.
COVERAGE REQUESTED	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges).
COVERAGE REQUESTED	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, 12:01 AM at the principal address of the applicant.

COVERAGE REQUESTED	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, 12:01 AM at the principal address of the applicant.
COVERAGE REQUESTED	Separate Defense Costs Limit (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a separate defense costs limit for the coverage. As used here, in Minnesota, pertaining to coverage for defense costs, insurers should verify compliance with Minn. Stat. 60A.08, Subd 13.
COVERAGE REQUESTED	Separate Defense Costs Limit	Enter limit: The separate defense costs limit amount.
COVERAGE REQUESTED	Defense Limit - Inside	Check the box (if applicable): Indicates there is an inside defense limit.
COVERAGE REQUESTED	Defense Limit - Outside	Check the box (if applicable): Indicates there is an outside defense limit.
COVERAGE REQUESTED	Pending & Prior Litigation Date	Check the box (if applicable): The pending and prior litigation date.
FINANCIAL INFORMATION	Current as of Year	Enter year: Current year date.
FINANCIAL INFORMATION	Revenue Current Year	Enter amount: Indicate the total annual gross revenue. As used here, this is the projected total annual gross revenue for the current year.
FINANCIAL INFORMATION	Prior Year One	Enter year: Prior year date. As used here, this is the prior year 1 date.
FINANCIAL INFORMATION	Revenue Prior Year One	Enter amount: Indicate the total annual gross revenue. As used here, this is the total annual gross revenue for the prior year 1.
FINANCIAL INFORMATION	Prior Year Two	Enter year: Prior year date. As used here, this is the prior year 2 date.
FINANCIAL INFORMATION	Revenue Prior Year Two	Enter amount: Indicate the total annual gross revenue. As used here, this is the total annual gross revenue for the prior year 2.
FINANCIAL INFORMATION	Prior Year Three	Enter year: Prior year date. As used here, this is the prior year 3.
FINANCIAL INFORMATION	Revenue Prior Year Three	Enter amount: Indicate the total annual gross revenue. As used here, this is the total annual gross revenue for the prior year 3.
FINANCIAL INFORMATION	Product / Service	Enter text: The description of the product or service as it pertains to errors and omissions exposures.
FINANCIAL INFORMATION	Percentage of Revenue	Enter percentage: Indicate the approximate percentage of revenue expected to be derived from each product or service.
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FINANCIAL INFORMATION	Product / Service	Enter text: The description of the product or service as it pertains to errors and omissions exposures.
FINANCIAL INFORMATION	Percentage of Revenue	Enter percentage: Indicate the approximate percentage of revenue expected to be derived from each product or service.
FINANCIAL INFORMATION	Client	Enter text: The full name of the client.
FINANCIAL INFORMATION	Service	Enter text: A full description of the service.
FINANCIAL INFORMATION	Gross Revenue	Enter amount: The gross revenue amount.
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FINANCIAL INFORMATION	Service	Enter text: A full description of the service.
FINANCIAL INFORMATION	Gross Revenue	Enter amount: The gross revenue amount.

GENERAL INFORMATION	1. During the past five (5) years, has the applicant's name changed, has the applicant purchased, merged or consolidated with any other business or has the applicant been purchased?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the past five (5) years, has the applicant's name changed, has the applicant purchased, merged or consolidated with any other business or has the applicant been purchased?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the applicant's name has changed, or has purchased, merged or consolidated with any other business or has been purchased during the past five (5) years.
GENERAL INFORMATION	2. Did the applicant purchase another business, was the purchase an "asset purchase" or did the applicant also buy or accept any liabilities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Did the applicant purchase another business, was the purchase an "asset purchase" or did the applicant also buy or accept any liabilities?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the applicant purchased another business, or was the purchase an "asset purchase" or did the applicant also buy or accept any liabilities.
GENERAL INFORMATION	3. Are there any changes in the nature of services provided or the size of the applicant's revenue base anticipated during the next 18 months?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any changes in the nature of the services provided or in the size of the applicant's revenue base anticipated the next 18 months?"
GENERAL INFORMATION	Estimated Change in Percentage	Enter percentage: The estimated change in percentage.
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether there are any changes in the nature of services provided or the size of the applicant's revenue base anticipated during the next 18 months.
GENERAL INFORMATION	4. Does the applicant currently or plan to provide services to any governmental entities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant currently or plan to provide services to any governmental entities?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the applicant currently or plans to provide services to any governmental entities.

Form Page 2

Section Name	Field Name	Description
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IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION	5. Does any director, officer, employee or partner of the applicant serve on the board of directors of any client of the applicant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does any director, officer, employee or partner of the applicant serve on the board of directors of any client of the applicant?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether any director, officer, employee or partner of the applicant serves on the board of directors of any client of the applicant.
GENERAL INFORMATION	6. Does the applicant use a written contract with clients?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant use a written contract with clients?"
GENERAL INFORMATION	In all cases	Check the box (if applicable): Indicates that written contracts with clients are used in all cases.
GENERAL INFORMATION	Sometimes	Check the box (if applicable): Indicates that written contracts with clients are sometimes used.
GENERAL INFORMATION	7. Does in-house and/or outside legal counsel review all contracts utilized?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does in-house and/or outside legal counsel review all contracts utilized?"
GENERAL INFORMATION	In-House legal counsel	Check the box (if applicable): Indicates that In-house counsel reviews all legal contracts.
GENERAL INFORMATION	Outside legal counsel	Check the box (if applicable): Indicates outside counsel reviews all legal contracts.
GENERAL INFORMATION	Both	Check the box (if applicable): Indicates both in-house and outside legal counsel reviews all legal contracts.
GENERAL INFORMATION	8a. Does the applicant subcontract work to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant subcontract work to others?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the applicant subcontracts work to others.
GENERAL INFORMATION	8b. If "Yes", what percentage of the business is subcontracted?	Enter percentage: The percent of work that is subcontracted.
GENERAL INFORMATION	8c. Does the applicant require subcontractors to carry their own E&O Insurance?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant require subcontractors to carry their own E&O insurance?"
GENERAL INFORMATION	8d. Does the applicant use a written contract with subcontractors?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, " Does the applicant use a written contract with subcontractors?"

GENERAL INFORMATION	In all cases	Check the box (if applicable): Indicates the applicant always uses a written contract with subcontractors.
GENERAL INFORMATION	Sometimes	Check the box (if applicable): Indicates the applicant sometimes uses a written contract with subcontractors.
GENERAL INFORMATION	8e. If "Yes", in those contracts do the subcontractors agree to indemnify the applicant and/or the applicant's clients for damages caused by the subcontractor's negligence?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Do the subcontractors agree to indemnify the applicant and/or the applicant's clients for damages caused by the subcontractor's negligence?"
GENERAL INFORMATION	9. Does the applicant have a written procedural manual for employees to follow?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Does the applicant have a written procedural manual for employees to follow?"
GENERAL INFORMATION	10. Does the applicant have a formalized training program for newly hired employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a formalized training program for newly hired employees?"
GENERAL INFORMATION	11. Does the applicant have promotional literature or marketing materials?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have promotional literature or marketing materials?"
GENERAL INFORMATION	Number of Principals	Enter number: The number of principals and partners. As used here, this applies to the number of principals.
GENERAL INFORMATION	Number of Partners	Enter number: The number of principals and partners. As used here, this applies to the number of partners.
GENERAL INFORMATION	Number of Officers	Enter number: The number of officers.
GENERAL INFORMATION	Number of Professional Employees	Enter number: The number of professional employees
GENERAL INFORMATION	Number of all other (non-professional / clerical) employees	Enter number: The number of other employees. As used here, this applies to all other non-professional clerical employees.
GENERAL INFORMATION	Number of Attorneys that the applicant employs as in-house counsel	Enter number: The number of employees that are attorneys.

GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.
GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.
GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.
GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.

GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.
GENERAL INFORMATION	Names of All Partners, Principals, and Key Employees	Enter text: The full name of the director or officer of the organization. As used here, the name of the partner, principal or key employee.
GENERAL INFORMATION	Professional Qualifications / Designations	Enter text: A description of the professional qualifications or designations for the partner, principal or key employee.
GENERAL INFORMATION	Year Practice Started	Enter year: The year the practice started.
GENERAL INFORMATION	Year Started With Applicant	Enter year: The year the partner, principal or key employee started doing business with the applicant.
GENERAL INFORMATION	Name of Association	Enter text: The name of the professional association to which the applicant belongs.
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CLAIMS INFORMATION	1. Does any director, officer, employee or partner of the applicant have knowledge or information concerning any act, error or omission which might reasonably be expected to give rise to a claim?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does any director, officer, employee or partner of the applicant have knowledge or information concerning any act, error or omission which might reasonably be expected to give rise to a claim?"
CLAIMS INFORMATION	Explanation	Enter text: An explanation as to whether any director, officer, employee or partner of the applicant has knowledge or information concerning any act, error or omission which might reasonably be expected to give rise to a claim.

CLAIMS INFORMATION	2. Has the applicant or any director, officer, employee or partner of the applicant ever been the subject of disciplinary action as a result of professional activities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant or any director, officer, employee or partner of the applicant ever been the subject of disciplinary action as a result of professional activities?"
CLAIMS INFORMATION	Explanation	Enter text: An explanation as to whether the applicant or any director, officer, employee or partner of the applicant has ever been the subject of disciplinary action as a result of professional activities.
CLAIMS INFORMATION	Requested date of coverage	Enter date: The date requested for prior acts to be covered under the errors and omissions policy.
CLAIMS INFORMATION	4. Has the applicant ever sued a client to collect its fees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant ever sued a client to collect its fees?"
CLAIMS INFORMATION	Explanation	Enter text: An explanation as to whether the applicant has ever sued a client to collect its fees.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
CLAIMS INFORMATION	5. Does any person or entity proposed for coverage have any prior knowledge of facts, circumstances or situations which he or she has reason to believe may give rise to any claim that may fall within the scope of the proposed coverage, except;	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does any person or entity proposed for coverage have any prior knowledge of facts, circumstances or situations which he or she has reason to believe may give rise to any claim that may fall within the scope of the proposed coverage except:"
CLAIMS INFORMATION	Explanation	Enter text: An explanation as to whether any person or entity proposed for coverage has any prior knowledge of facts or situations which he or she has reason to believe may give rise to any claim. Without prejudice to any other rights and remedies of the company, the applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to question 5, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the company.

CLAIMS INFORMATION	6. Have any errors or omissions claims or incidents been made against the applicant or any of its past or present personnel or any predecessor company within the last five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Have any errors or omissions claims or incidents been made against the applicant or any of its past or present personnel or any predecessor company within the last five (5) years?" All applicants must attach loss runs for the past five (5) years.
CLAIMS INFORMATION	Explanation	Enter text: An explanation as to whether any errors or omissions claims or incidents have been made against the applicant or any of its past or present personnel or any predecessor company within the last five (5) years.
REMARKS	Remarks	Enter text: The general remarks associated with the errors and omissions line of business.
SIGNATURE	Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, the chief executive officer, chief financial officer and in-house general counsel of the parent organization are acting as the authorized representative of all persons and entities proposed for this insurance.
SIGNATURE	Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Authorized Representative Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, the chief executive officer, chief financial officer and in-house general counsel of the parent organization are acting as the authorized representative of all persons and entities proposed for this insurance.
SIGNATURE	Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Authorized Representative Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, the chief executive officer, chief financial officer and in-house general counsel of the parent organization are acting as the authorized representative of all persons and entities proposed for this insurance.
SIGNATURE	Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Authorized Representative Title	Enter text: The title of the individual in the organization or his relationship to the organization.

SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
SIGNATURE SECTION	State Producer License Number	Enter identifier: The State License Number of the producer.
SIGNATURE	Date	Enter date: The date the producer signed the form.