

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION

NOTICE

The Insurance coverage for which you are applying is written on a claims-made and reported policy form. Subject to policy provisions, this insurance will apply only to claims that are first made against you and reported to the Company while the policy is in force. This policy provides that the limits of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Please Print or Type and complete all questions.

1. Name of Agency: _____ Contact Person: _____
 dba: (if applicable) _____
 Phone No.: _____ Fax No. _____ Email Address: _____
 Physical Address: _____
 City: _____ State: _____ County: _____ Zip Code: _____

2. Additional Business Locations: (Attach a separate sheet, if necessary) _____

3. Are the additional locations owned and under direct control of applicant's agency? YES NO
(If NO, attach full details)

4. What percent (%) of your business is: Retail (Business sold Directly to Insureds) _____ %
 Wholesale (Business sold to other Agents)* _____ %
 MGA (Business for which you have underwriting authority* _____ %
 (*) indicates Supplemental Application must be completed MUST TOTAL 100%

5. Is the Agency a : Corporation Partnership Sole Proprietorship LLC Other

Below list the names of officers/owners/principals/partners/members and years of insurance experience. (Attach another sheet if necessary).

Name	Relationship to Agency	Years of Experience

6. a.) Year Agency Established: __ b.) Year Current Owner Assumed Management: _____
 Resumes for all agency officers/owners/ brokers and agents must be provided if agency established with the past 3 years.

c.) Number of Agency Employees, Including:
 Officers, Owners, Principals, Partners, Members: _____
 Brokers, Agents, Solicitors: _____
 Clerical: _____

7. Is agency owned or controlled by or associated with any other business entity? YES NO
 If yes, please provide details on separate sheet.

8. Is there any entity(s) having a 10% interest in the applicant or in any subsidiary or affiliate of the applicant?
 If yes, provide relationship to applicant:
 Entity's Name: _____
 Relationship: _____ Interest %: _____

9. Within the last five years have there been:
- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| a. Changes in name | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Changes in agency ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mergers with/or purchases of other agencies | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Agency cluster arrangements | <input type="checkbox"/> | <input type="checkbox"/> |
- (If you answered YES to any of Question 9, attach a detailed explanation).

10. Please provide: (If new firm, estimate 12 months of business)

a.	Total last 12 months P&C Gross Premiums Written	\$:	
b.	Total last 12 months Gross P&C Commission Income	\$	
c.	Total Gross & Net <i>WHOLESALE Commission Income</i>	\$ Gross:	\$ Net:
d.	Total Gross Life, A&H Commissions	\$	
e.	Total income Derived from OTHER INSURANCE RELATED ACTIVITIES. Please describe other insurance activities.	\$	

11. Breakdown of agency business (Totals should equal totals presented in Question #10, above).

COMMERCIAL LINES	PREMIUM VOLUME	COMMISSION INCOME
Workers Comp.	\$	\$
Commercial Auto	\$	\$
Commercial Multi Peril	\$	\$
Professional Liability	\$	\$
Directors & Officers Liability	\$	\$
Medical Malpractice	\$	\$
Umbrella/Excess	\$	\$
Aviation	\$	\$
Wet Marine	\$	\$
Long Haul Trucking	\$	\$
Bonds	\$	\$
Other (Specify)	\$	\$
TOTAL COMMERCIAL LINES	\$	\$
PERSONAL LINES	PREMIUM VOLUME	COMMISSION INCOME
Automobile Standard	\$	\$
Automobile (Non Standard)	\$	\$
Property & Dwelling	\$	\$
Other (Specify)	\$	\$
TOTAL PERSONAL LINES	\$	\$
LIFE & HEALTH		COMMISSION INCOME
Life		\$
Health & Accident		\$
Annuities & Pension		\$
TOTAL LIFE & HEALTH		\$

12. Show your five largest carriers/companies and the percent of business placed with each:

CARRIER COMPANY	% OF BUSINESS	AGENCY/CONTRACT	ADMITTED OR NON ADMITTED	# OF YEARS REPRESENTED
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No		

13. List all insurance carriers/companies with whom agency contracts have been terminated in the last 5 years
Check Box if none .

NAME OF INSURANCE CARRIER	LACK OF PRODUCTION	CARRIER INSOLVENCY	MARKET WITHDRAW	OTHER

14. Estimate the amount of business agency places with carriers that are Rated less than B+ or Not Rated: _____%
If percent is greater than 25%, what procedures do you have in place to advise the potential Insured?

15. Do you want coverage extension for sale of Mutual Funds? Yes No Mutual Fund Commission \$ _____
If yes, provide the broker/dealer/company name, licensed agent's name, license number.

16. In the past five years, has the agency:

	YES	NO
a. Placed coverage for risk involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations with significant pollution exposures?	<input type="checkbox"/>	<input type="checkbox"/>
b. Specialized in any programs or classes business?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above is answered yes, attach a detailed explanation for each. Details for 16b must include: the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the insurer(s); the name and address of the administrator; any administrative duties performed by the applicant; and appropriate financial information, if applicable. You must also provide a copy of the promotional literature.

17. Does the applicant or any agency owner, officer, partner/principal, member of solicitor or employee perform any of the following activities?
If yes, attach resume, promotional material and sample contract. Coverage may be excluded under the policy

	YES	NO	Income		YES	NO	Income
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	\$	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$	Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claim Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Tax Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Risk Management/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	\$	Premium Finance for Agency Clients	<input type="checkbox"/>	<input type="checkbox"/>	\$
Investment, Securities Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
Prepaid Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Other	<input type="checkbox"/>	<input type="checkbox"/>	\$

18. Office Procedures:

		YES	NO	N/A
a.	Does the agency utilize a computerized production and accounting system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is there a back-up procedure for computerized production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is the agency on-line with any carrier? Name of Carrier: _____ Annual Volume with Carrier: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the agency using the internet? Name of Website: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are all incoming document date identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Are copies of binders mailed to the insured and/or the company within specific guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Do you use a form to document the file for all business related conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Is a policy expiration list maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Are all applications, policies and endorsements checked for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Are files marked to ensure certificate holders are notified of cancellation or material changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Does the agency have a diary/suspense system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Does applicant have procedure in place to ensure proper disclosure of policy exclusions including but not limited to Mold/fungus and War/Terrorism? (Attach description of procedure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Do you require a written request from your insureds who desire a change to their coverage or cancellation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Has any past or present owner, officer, partner, principal, employee, member or solicitor been the subject of a complaint filed and/or disciplinary action by any insurance regulatory authority? Yes No

(If yes, attach an explanation).

20. Has any policy or application for similar insurance on the applicant's behalf or any of its owners, officers, partners, members, employees or solicitors, or on behalf of any predecessor in business ever been declined, cancelled or renewal refused? Yes No

(If yes, attach an explanation).

21. Have any Claims been made against the applicant or any of its past or present owners, shareholders, partners, principals,, members, owners, employees or solicitors, within the last 5 years? Yes No

(If yes, please complete a supplement claims form and attach company loss runs).

22. Does any perspective insured person or entity have knowledge of any act, error, omission, proceeding, event or development, which may reasonably be expected to give rise to a Claim against the applicant agency, past or present owners, officers, partners, principals, employees or solicitors, or its predecessors(s) in business? Yes No

(If yes, please complete a Supplemental Claim Form).

23. If YES to 21 or 22, have they been reported to your Errors and Omissions insurance carrier? Yes No

24. Do you currently have Errors & Omissions Insurance in force: Yes No

Name of Insurance Carrier: _____ Expiration Date: _____

Retroactive Date: _____ Current Limits: _____

Deductible: _____ Premium \$: _____ (Attach a copy of expiring Declarations Page)

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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. **NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **NOTICE TO D.C. APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both. **NOTICE TO KENTUCKY APPLICANTS:** 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. **NOTICE TO LOUISIANA APPLICANTS:** 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. **NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE TO NEW MEXICO APPLICANTS:** 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. **NOTICE TO OHIO APPLICANTS:** 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. **NOTICE TO OKLAHOMA APPLICANTS: 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. **NOTICE TO PENNSYLVANIA APPLICANTS:** 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. **NOTICE TO RHODE ISLAND APPLICANTS:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. **NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE TO WEST VIRGINIA APPLICANTS:** 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. **NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND AGENCY ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER OR MEMBER OF THE APPLICANT.

Date

Signature

Printed Name Signature

Title of Person Signing the Application

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, original, signed and dated application will allow for prompt issuance of coverage, should quotation be offered and accepted.