

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION

Please Print or Type and complete all questions.

Section I

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

2. Are there additional locations owned and under direct control of applicant's agency? YES NO N/A
 (If YES, attach details including address and percentage of ownership).

3. What percent (%) of your business is: Retail (Business sold directly to Insureds) _____ %
 Wholesale (Business placed for other agents)* _____ %
 MGA, MGU (Business for which you have underwriting authority)* _____ %
MUST TOTAL 100% _____

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

5. Year Agency/Entity Established: _____ Year Current Owner(s) Assumed Management: _____

***Resumes for all agency officers/owners/brokers and agents must be provide if established within the past 3 years**

6. Number of Agency Personnel: _____

Only include each person in one category	# of Persons	Avg. # of Years in Insurance
Owner, Principals, Partners, Members		
Employed Licensed Brokers & Agents		
Commission Only Producers/Solicitors		
Number of Licensed Staff including CSR's		
Unlicensed Staff / Clerical		

7. Percentage of your business placed with Admitted carriers: _____ % Non Admitted/Surplus Lines Carriers: _____ %

8. Percentage of business placed:
 Direct through Carriers: _____ % Through MGA's: _____ % Through Wholesalers: _____ %

9. Percentage of business placed with carriers rated less than B+ by A.M. Best: _____ %

9b. Estimate amount the amount of business placed on a direct bill basis _____%

10. Please provide the following based on the last 12 months of operation. (If new business entity, next 12 months projections)

Total Commercial Lines Premium Volume	\$	Commercial Lines Gross Commission Income	\$
Total Personal Lines Premium Volume	\$	Personal Lines Gross Commission Income	\$
TOTAL P & C PREMIUM VOLUME	\$	TOTAL GROSS P & C COMMISSION	\$
TOTAL FEE INCOME or OTHER INSURANCE RELATED ACTIVITIES	\$	TOTAL Life/ A & H COMMISSION	\$
		IF MGA/ MGU OR WHOLESALER - NET COMMISSION INCOME	\$
		Gross Wholesale/MGA Commission	\$

11. Breakdown of Agency business (Totals should equal totals in Question 8 above)

COMMERCIAL LINES	PREMIUM VOLUME	GROSS COMMISSION INCOME
Workers Compensation		
Commercial Auto		
Trucking (Fleet and Long Haul)		
Commercial Multi-Peril		
Bonds		
Professional Liability & E&O		
Directors and Officers		
Medical Malpractice and Allied Healthcare		
Environmental/ Energy/Pollution		
Umbrella and Excess		
Aviation		
Wet Marine		
Crop		
Liquor		
Non-Standard Auto		
Other (Specify if more than 5% of total premium)		
TOTAL COMMERCIAL LINES	\$	\$
PERSONAL LINES	PREMIUM VOLUME	GROSS COMMISSION INCOME
Standard Automobile		
Non-Standard Auto/Assigned Risk		
Umbrella		
Property and Dwelling		
Other (Specify if more than 5% of total premium)		
TOTAL PERSONAL LINES	\$	\$
LIFE, ACCIDENT, & HEALTH		GROSS COMMISSION INCOME
Life		
Health & Accident		
Annuities & Pension		
Other		
TOTAL LIFE, ACCIDENT & HEALTH	\$	\$

12. What is **next 12 months estimated**: Premium Volume: \$ _____
 Gross Commission Income? \$ _____
13. Do you expect any major changes in the lines of business written in the next 12 months: YES NO
 If Yes, please provide details: _____

Section II

1. Does the applicant have any subsidiaries or affiliated organizations? YES NO
2. a. Have you acquired any agencies in the past 12 months? YES NO
 If Yes, provide the following for each subsidiary and affiliated organizations. (Please use a separate page for each additional entity.)
 Name: _____
 Brief Description of Operations: _____
 Date Acquired / Created / Merged / Affiliated: _____ Your Percentage of Ownership: _____ %
- b. Is coverage requested for any of the above subsidiaries or affiliated organizations? YES NO
 If Yes provide endorsement(s) for additional named insureds from expiring coverage.
 Please confirm all premium volume and income for all subsidiaries or affiliated organizations to be included in coverage are included in question 8 and 9 above.
3. Do you want to coverage extension for sale of Mutual Funds? YES NO
 Mutual Fund Commission: \$ _____ Broker/Dealer Name: _____
 Licensed Agent's Name: _____ License Number: _____
 If Yes, please provide the broker/dealer/company name, licensed agent's name and license number
4. 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"/>	\$
Loss Control/ Risk Management	<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"/>	\$

5. 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. Are written or electronic records maintained outlining details of all business conversations, including client's verbal instructions and oral agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all insured requests for changes or cancel of coverage required in writing, signed & dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a policy expiration list maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are all incoming documents date identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the agency have a written office procedures manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all applications, policies and endorsements checked for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you use "Power of Attorney" to represent your insureds? If Yes, provide details	<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. Do you obtain signed & dated waivers for flood and wind from your clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Does your agency have a Commercial Crime Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Does your agency have a General Liability Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In the past 5 years, please provide the number of E&O claims / incidents made against the applicant or any past or present owner, officer, partner, principal, employee, member or solicitors: 0 1 2 3 or more

Please complete a claim supplement for each claim / incident and provide current (within 60 days) loss runs.

7. Has the applicant or any past or present owner, member, partner, director, officer, employee or independent contractor been subject of a disciplinary action, investigation, license suspension or fine as a result of professional activities? YES NO

If Yes, please provide details on a separate page

8. a. Does the applicant or any owner, partner, director, officer, employee or independent contractor have knowledge or information of any act, error or omission with might reasonably be expected to give rise to a claim? YES NO

If Yes, have your reported to your current E&O carrier N/A YES NO

b. Is this information included in question 6 response? N/A YES NO

If No, terms will not be provided until confirmation of incident / claim is obtained.

If Yes to any part of question 8 please provide details (including currently valued loss runs) on a separate page.)

9. Has the applicant ever had E&O coverage declined, cancelled or refused renewal? (Not Applicable in MO)? YES NO

If Yes, provide explanation: _____

10. Does the applicant have any additional named insured or additional insureds endorsed on current coverage? YES NO

If Yes, please provide endorsement(s) from expiring coverage.

11. Do you currently have Errors & Omissions Insurance in force? YES NO

Number of Insurance Carriers: _____ Current Limits: _____

Deductible: \$ _____ Retro Date: _____ Premium: \$ _____

(Attach a Copy of Expiring Declarations Page and Proof of Retro Date)

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 MAY APPLY ON A "**CLAIMS-MADE AND REPORTED**" 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:

1. Understands and agrees this Application and any and all supplements, attachments and replies to underwriter inquiries are made a part of and incorporated into any policy issued, and any such policy will be issued in reliance upon the representation(s) made herein. Applicant further understands and agrees that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued;
2. Authorizes and consents to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of Applicants business including authorization to every person or entity, public or private, to release to the Company providing insurance coverage any documents, records or other information bearing upon the foregoing; and
3. Understands and agrees these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

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.