

HALL & COMPANY

Professional Liability Insurance Brokers

INSURANCE AGENTS & BROKERS PROFESSIONAL LIABILITY INSURANCE DIRECTORS AND OFFICERS INSURANCE EMPLOYMENT PRACTICES LIABILITY INSURANCE TECHNOLOGY SERVICES LIABILITY

GENERAL INFORMATION

1. Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal Contact: _____ Title: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

Firm Is: Corporation Partnership LLC / LLP Sole Proprietorship Joint Venture

Predecessor Firm Name(s): _____

Date original firm commenced operations: _____ Federal Tax ID #: _____

2. Number of Staff:

Partners	Licensed Professionals	Admin	Total

3. Has the applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months any merger, acquisition or divestment? Yes No

EMPLOYMENT PRACTICES

4. Does the Applicant have a human resources department? Yes No

5. Does Applicant have a human resources manual or equivalent written guidelines? Yes No

6. Does a lawyer review the guidelines or procedures? Yes No

7. Is an attorney consulted prior to discharging an employee for cause? Yes No

8. For the past year, indicate number of those who have:

a. Been terminated by the applicant		b. Resigned voluntarily	
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AGENCY PROCEDURES

9. Does the applicant have written procedures to be used by all staff? Yes No

10. Do written procedures include instructions for the following:

a. File documentation Yes No

b. Phone documentation Yes No

c. Binding coverage Yes No

d. Handling of mail Yes No

11. Are all applications, policies, and endorsements checked for accuracy? Yes No

12. Is a policy expiration list maintained? Yes No

13. Is there a suspense/diary system? Yes No

14. a. Is the applicant's website used for marketing or sales? Yes No
- b. If yes, are procedures in place for state specific requirements? Yes No
- c. Are applications or other coverage requests completed/submitted through the website?..... Yes No

AGENCY INFORMATION

15. Income

	Last Year	Two Years Ago	Three Years Ago
a. Premiums			
b. Commissions, Fees & Other Income			

16. Your firm's role in Property/Casualty Insurance
Last year's Income (Detail of activities in Question 15a above).

	Premium	Commissions and Fees
a. Property/Casualty Insurance Agent or Broker		
b. Managing General Agent (MGA)		
c. Managing General Underwriter (MGU)		
d. Surplus Lines Broker		
e. Reinsurance Broker		
f. Other _____		
Total		

17. If income has been reported for your role as an MGU (16c above), please provide additional information for each contract/agreement

	Contract 1	Contract 2	Contract 3
a. Insurance Carrier			
b. Premium Income			
c. Commission or Fees			
d. Maximum Limits			
e. Classes Insured			

18. Number of locations (other than primary location). **Enter all percentages as a decimal to be multiplied by 100, i.e. 0.5 = 50%**

	City	State	Commission %
1.			
2.			
3.			

If more locations, please attach a separate sheet with applicable information.

19. Provide % breakdown based on commissions.

Commercial Lines			Personal Lines			Life/Health		
Auto (o/t long haul trucking)		%	Standard Auto		%	Health & Employee Benefits		%
Long haul trucking		%	Non Standard Auto		%	Life Insurance other than Group		%
BOP (Business Owners Package)		%	Homeowners		%	Other (Specify) _____		%
General Liability		%	Umbrellas		%	Other (Specify) _____		%
Commercial Property		%	Marine		%			
Inland Marine		%	Other (Specify) _____		%	Consulting		
EPLI/D&O		%	Other (Specify) _____		%	Investment Advice		%
Crop		%				Third Party Administrator		%
Workers Compensation		%				Other (Specify) _____		%
Surety		%				Other (Specify) _____		
Aviation/Commercial Marine		%						
Professional Liability (Specify) _____		%						
Other (Specify) _____		%						
Other (Specify) _____		%						
Other (Specify) _____		%						
Grand Total								100 %

20. List your top five Property/Casualty Insurance Carriers.

	Insurance Carrier	Annual Premium Volume	Binding Authority	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	

21. What percent of your Property/Casualty Insurance placements are placed with:

Admitted Carriers		%
Non-Admitted Carriers		%
Total	100%	

22. What percent of your Property/Casualty Insurance premium volume is Direct Bill? _____ %

23. a. If the income reported in question 15b is less than \$250,000, please indicate if the business reported on this application is your full time occupation. Yes No N/A

If 'No,' please provide:

- b. Percentage of your annual income derived from this insurance practice. _____ %
- c. List other professions, occupations or employment.

24. What percent of your volume is placed with carriers not rated or rated below B+.IV by A.M. Best? _____ %

25. Does the applicant place business with Lloyd's Underwriters:

- a. Directly through any firm of Lloyd's Brokers in London? Yes No
- b. Indirectly through the intermediary of another North American Agent or Broker? Yes No

26. If the answer to 25a is 'Yes,' please give the approximate percentage of your total commission/brokerage. _____ %

27. Does the applicant have power to accept risks:

- a. On behalf of any company? Yes No
- b. On behalf of Lloyd's Underwriters? Yes No

FINANCIAL INFORMATION

28. Please answer the following four (4) questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

a. What are the Applicant's total assets? \$ _____

b. Does the Applicant currently have: Net Income or Net Loss
Amount \$ _____

c. Does the applicant currently have: Positive Cashflow or Negative Cashflow
Amount \$ _____

d. Does the applicant currently have: Shareholders/Members Equity or Shareholders/Members Deficit
Amount \$ _____

29. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No
(If Yes, please provide details on a separate sheet)

INSURANCE

30. Does the firm currently carry professional liability insurance? Yes No

31. Please provide details of any Professional Liability, Directors & Officers Liability, Employment Practices Liability, and General Liability insurance presently carried:

Type of Insurance	Company	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Policy Term	Retroactive Date
Professional Liability							
Directors & Officers							
Employment Practices							
General Liability							

32. Desired limit and deductible:
Professional Liability Insurance: Limit: _____ Deductible: _____

33. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for professional liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)
If yes, please provide details below. Yes No

CLAIMS

34. Litigation: circumstances, previous losses and claims

a) Have any claims, proceedings or suits ever been made or threatened in the past five years against the Applicant or any entity intended to be covered or any present or former directors, officers, trustees or employees? Yes No

b) Is the Applicant or any entity or person intended to be covered aware of any negligent act, error or any other fact, circumstance or situation which may reasonably be expected to give rise to a claim against it or any of its directors, officer, trustees or employees? Yes No

(This question applies to Professional Liability, Directors and Officers Liability and Employment Practices Liability and Technology Services Coverages.)

If yes to either question, please complete the Claim Reporting Form on page 5.

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Full name of the entity and / or individual (s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Name of the insurance company to whom this claim has been reported:

Date Claim was made: _____ Present status of the claim: _____

If claim is closed, please state:

Total Damages paid/outstanding: _____ Defense Expense paid/outstanding: _____

If claim is open, please state:

The maximum amount demanded: _____ Your opinion as to the likely settlement value: _____

Insurance Company loss reserves: _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: _____ Defendant's offer to settle: _____

Defense cost to date: _____

Description of claim:

Name and address of Attorney who provided defense:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

ARKANSAS: 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.
COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
DISTRICT OF COLUMBIA: 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.
FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
HAWAII: 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.
KENTUCKY: 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.
LOUISIANA: 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.
MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.
NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO: 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.
NEW YORK (Non Auto) 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OHIO: 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.
OKLAHOMA: 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.
OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
TENNESSEE (Non WC): 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.
VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.
VIRGINIA: 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.
WEST VIRGINIA: 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.
ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

YOUR SIGNATURE AND AUTHORIZATION

Name: _____ Date: _____
 Title: _____
 Applicant's Signature: _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a hard copy of the completed application to Hall & Company at the address below.
(A signed application is needed to complete underwriting.)
3. Submit the completed electronic application with attachments to Hall & Company.
Alternatively you can fax the application and/or attachments to (360) 697-3744.

When you press the Submit button an e-mail window will open with the application attached.

Please attach to this e-mail the following additional documents:

1. A copy of your current Declarations page, if you presently carry Professional Liability Insurance.
2. Your company's brochure or Statement of Qualifications.
3. Please attach any additional information regarding your firm and its services that you wish us to consider.
4. Schedule of licensed professionals from question 2.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with the documents listed above to submittals@hallco.net.

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