

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION

- * This application must be completed in full, including all required attachments.
- * Additional space for comments or details is provided on the last page of this application.
- * We treat all applications as confidential.

SECTION I – GENERAL INFORMATION

1. Full Name of Applicant (including all subsidiaries and related entities for which coverage is requested):

2. DBA (if any):

3. Home Office Mailing Address:

4. Physical Address:

Phone:

Fax:

Email:

5. Additional Locations:

6. Website:

7. Date Business Established:

If in operation less than three (3) years, please attach license(s) and resume(s) for all principals.

Form of Organization: Corporation Partnership Other:

8. FEIN:

9. Is the applicant firm controlled, owned (in whole or part) affiliated or associated with any other firm, corporation, company or entity? Yes No
If Yes, provide the entity's name, percent of ownership interest and relationship to applicant:

10. During the past five (5) years:

a. Has the name of the firm been changed, or has any business/firm been acquired, merged into consolidated or sold off by/from the original firm? Yes No
If Yes, explain and provide name(s) of predecessor firm(s):

- b. Has there been a change in management structure, including any additions, or deletions of any principals, owners, managers or brokers? Yes No
If Yes, explain:
- c. Have there been any cluster arrangements? Yes No
If Yes, explain:

SECTION II – PRACTICE INFORMATION

11. Does the applicant specialize or focus its operations on any particular line of business? Yes No
If Yes, explain:

12. a. List the current top five (5) insurance companies for whom you produce premium:

Insurance Company Name	Years Represented	Annual Premium Volume	Current A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	

- b. What percentage of business is placed with:
- Admitted Carriers %
- Non-Admitted Carriers %

13. a. Do you ever place business with carriers that have an A.M. Best Rating below B+ or that are currently assigned an NR (not rated) designation? Yes No
If Yes, list ALL such insurance companies with which you have placed business in the last three (3) years:

Insurance Company Name	Years Represented	Annual Premium Volume	Current A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	

- b. Have you ever placed coverage or been involved in Self-Insured/Captives, Risk Retention Groups (RRG), Risk Purchasing Groups (RPG) or Multiple Employer Trusts (MET)? Yes No
If Yes, provide an explanation below, including the name of the program(s), carrier(s), extent of coverage(s) provided, administrative duties performed by the applicant, and any applicable financial information:

14. List all insurance carriers with whom agency contracts have been terminated in the last five (5) years and provide a reason for each termination. (If none, check here)

15. Revenues/Premium Volume:

	2 years Ago	Last 12 Months	Est. Next 12 Months
a. Total P&C gross written annual premium	\$	\$	\$
b. Total gross annual P&C revenues (incl. commission & fees)	\$	\$	\$
c. Total gross annual Life & A&H written annual premium	\$	\$	\$
d. Total gross Life & A&H revenues (incl. commission & fees)	\$	\$	\$
e. Total annual income derived from other insurance related activities	\$	\$	\$

Provide details for any revenues entered in 15) e. above:

16. a. Provide written business by percentage of revenues (total of all lines placed MUST equal 100%)

Commercial Lines			
Auto – Non-Standard	%	Crop Coverages	%
Auto – Standard	%	Inland Marine	%
Aviation Products Liability	%	Long Haul Trucking Workers	%
Bonds/Surety	%	Medical Malpractice	%
CGL/BOP	%	Mortality	%
CMP/Package	%	Umbrella/Excess	%
Compensation Livestock	%	Wet Marine	%
Professional Liability (Specify):			%
Other (Specify):			%
TOTAL COMMERCIAL LINES:			%

Personal Lines					
Auto – Non-Standard	%	Mobile Homes/RV's	%	Pleasure Boats	%
Auto – Standard	%	Motorcycles	%	Umbrella	%
Homeowners	%	Non-Standard Fire	%	Wind / Flood / EQ	%
Other (Specify):					%
TOTAL PERSONAL LINES:					%

Life, Accident & Health			
401(k) Plans	%	METS/MEWAS Stop	%
Accident – AD&D	%	Mutual Funds	%
Credit Life	%	Pension Plans	%
Dental	%	Self-Insured Health	%
Fixed Annuities	%	STD	%
Fully Insured Health	%	Stocks/Bonds	%
Life	%	Universal Life	%
Loss	%	Variable Life	%
LTC	%	Viatical Settlements	%
LTD	%	Whole Life	%
Other (Specify):			%
TOTAL LIFE, ACCIDENT & HEALTH:			%

- b. Property and Casualty Business placed as:
 - Agent (business placed directly with carriers) %
 - Broker/Wholesaler %
 - Independent Marketing Organization (IMO) %
 - Managing General Agent/Underwriter %
 - Reinsurance Intermediary %
 - Surplus Lines Broker %

TOTAL 100 %

- c. Percentage of policies written on a direct bill basis %
- d. Percentage of gross written premium placed through a state administered fund %
- e. Percentage of business written through MGA's/MGU's, other brokers or intermediaries %

If ANY business is placed as an MGA or MGU, complete and attach the [Supplement for Managing General Agents](#)

17. Are you affiliated with a broker/dealer? Yes No
 If Yes, provide details below:

18. Does the applicant perform any of the following activities?

			Revenues/Income
a. Reinsurance Intermediary	Yes	No	\$
b. Third Party Administrator	Yes	No	\$
c. Claims Adjustment Services	Yes	No	\$
d. Policy Issuance	Yes	No	\$
e. Investment/Securities Advisor	Yes	No	\$
f. Actuarial Services	Yes	No	\$
g. Legal Advisor/Services	Yes	No	\$
h. Tax Advisor	Yes	No	\$
i. Risk Management/Loss Control	Yes	No	\$
j. Title Insurance	Yes	No	\$
k. Vehicle Registration Services	Yes	No	\$
l. Premium Financing	Yes	No	\$

If Yes is indicated for b. or c., a [Third Party Administrators Supplemental Application](#) **MUST** be completed and attached to this application.

19. Indicate the number of:

Owners, Officers, Partners		Exclusive Independent Contractor Producers	
Employed Solicitors, Brokers, Agents		Non-Exclusive Independent Contractor Producers	
All Other Employees			

If you included any non-exclusive independent contractor producers above, do you require them to carry their own Professional Liability coverage? Yes No

20. List all agency owners, officers and licensed producers (attach resumes of key principals):

Name	Position/Title	License Number	Number of Years Licensed

SECTION III – UNDERWRITING INFORMATION

21. Office Controls Procedures:

- a. Does the applicant have a Home Page and/or Website? Yes No
 If Yes, is it used for marketing? Yes No
 If Yes, is it used for sales? Yes No
 Are applications completed/submitted/bound through the Internet? Yes No
- b. Is it standard office procedure to:
 - Date stamp incoming mail? Yes No
 - Document all telephone conversations? Yes No
 - Maintain a policy expiration list? Yes No
 - Check all applications, policies and endorsements for accuracy? Yes No
 - Maintain a diary system? Yes No
- c. Describe the procedures/manual documentation used to ensure the above procedures are implemented:
- d. Does the applicant have a specific orientation program/office manual review for all new employees? Yes No

22. Do you ever sign any application forms for your clients? Yes No
 If Yes, provide details for when this may occur and how often:

23. Do you always get a written sign-off from your client when they choose not to purchase any recommended coverage? Yes No
 If No, advise on how declination for such coverage is documented in your files:

24. Do you always disclose any fees charged to the clients before binding policies? Yes No
 If No, explain:

25. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production? Yes No
 If Yes, provide details below:

26. a. Has any prospective insured, or any of its employees, directors, officers or partners ever been subject to an investigation by state regulatory agency, administrative agency and/or an insurance department investigation or inquiry, or disciplinary investigation or proceeding in any way? Yes No
 If Yes, provide an explanation:

b. Has any prospective insured, or any of its employees, directors, officers or partners ever had their license revoked, suspended, or been fined or disciplined by a state or regulatory department? Yes No

27. Has any application for Professional Liability insurance made by or on behalf of the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors ever been declined or has the insurance been cancelled or renewal refused within the last five (5) years? Yes No

28. During the past five (5) years, has any claim or notice of claim been made or suit brought against the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No
 If Yes, a [Supplemental Claim Information Form](#) MUST be completed and attached.

29. Is the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors aware of any fact, circumstance, situation, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers directors, employees or independent contractors? Yes No
 If Yes, provide details:

30. List Errors and Omissions Carriers/information for the last five (5) years. (If none, click here)

Insurance Carrier	Policy Period	Limits	Deductible	Premium

31. What is the retroactive date (mm/dd/yy) of your current Professional Liability policy?

SECTION IV – CYBER/TECHNOLOGY

32. Does the applicant currently have or has ever had insurance coverage for Cyber Liability? Yes No
 If Yes, specify carrier and coverage dates:

33. Describe security measures utilized to protect your computer network and systems:

34. a. Do you utilize encryption for electronic data at rest? Yes No

b. Do you utilize encryption for data transmitted via wireless? Yes No

35. Describe security measures and procedures used to protect sensitive data in your care, custody and control:

36. Describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.):

37. In the past five (5) years:

a. Have you experienced any:

i. Security incidents, security breaches, data loss or cyber-attacks? Yes No

ii. Actual or attempted extortion demand with respect to your computer systems? Yes No

iii. Unexpected outage of a computer network, application or system lasting greater than four (4) hours? Yes No

b. Have you experienced an actual or suspected data breach or cyber-attack? Yes No

If Yes to either a. or b above, provide a detailed description of the event(s) and remediation action(s) taken:

Additional Comments or Details:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.