

INSURANCE AGENTS PROFESSIONAL LIABILITY SHORT FORM RENEWAL APPLICATION

(For use with renewals expiring with premium under \$5,000)

1. Full Name of Applicant:

Mailing Address:

2. In the past 12 months has the Applicant changed names, legal structure, been acquired, acquired another entity, or consolidated with another entity?

Yes

No

If yes, please provide details. Attach on a separate sheet if needed.

3. In the past 12 months have there been any changes to the nature of the insured's operations or services provided?

Yes

No

If yes, please provide details. Attach on a separate sheet if needed.

4. In the past 12 months, has your revenue increased by more than 20% or do you anticipate your revenue increasing by more than 20% in the coming 12 months?

Yes

No

If so, what is the anticipated revenue?

5. 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, please provide details. Attach on a separate sheet if needed.

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application. The Applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Electronic Signature
of Applicant or
Authorized
Representative:

Current Date:

Title:

If you prefer not to return an Application with an electronic Signature, please print and sign below.

Signature of Applicant
or Authorized
Representative:

Current Date:

Title: