

**INSURANCE AGENTS AND BROKERS
PROFESSIONAL LIABILITY APPLICATION
(CLAIMS MADE COVERAGE)**

- * 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.

GENERAL INFORMATION

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

[Redacted]

DBA (if any): [Redacted]

Home Office Mailing Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Physical Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone: [Redacted] Fax: [Redacted] Email: [Redacted]

Website: www. [Redacted]

Additional Locations:
[Redacted]

2. Date Business Established: [Redacted]

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

Form of Organization: Corporation Partnership Other : [Redacted]

3. 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, please provide the entity's name, % ownership interest and relationship to Applicant:
[Redacted]

4. During the past 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, please explain and provide name(s) of predecessor firm(s):
[Redacted]

- 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, please explain:

- c. Have there been any cluster arrangements? YES NO

If Yes, please explain:

PRACTICE INFORMATION

5. Does the Applicant specialize or focus its operations on any particular line of business? YES NO

If Yes, please explain:

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

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

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

7. 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, please list ALL such insurance companies with which you have placed business in the last three (3) years:

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

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, please 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.

8. List all insurance carriers with whom agency contracts have been terminated in the last 5 years and provide a reason for each termination. (If none, state "None")

9. Revenues/Premium Volume:	<u>2 Years Ago</u>	<u>Last 12 Months</u>	<u>Estimated Next 12 Months</u>
a. Total P&C gross written annual premium:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
b. Total gross annual P&C revenues (incl. commissions & fees):	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
c. Total Life & A&H gross written annual premium:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
d. Total gross annual Life & A&H revenues (incl. commissions & fees):	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
e. Total annual income derived from other insurance related activities:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Please provide details for any revenues entered in 9e. above:

10. a. Written business by Premium Volume (MUST total last 12 Months figure amount indicated in Question 9a):

<u>Commercial Lines</u>		<u>Personal Lines</u>	
CMP/Package	\$ []	Auto - Standard	\$ []
CGL/BOP	\$ []	Auto - Non-Standard	\$ []
Umbrella/Excess	\$ []	Homeowners	\$ []
Auto - Standard	\$ []	Non-Standard Fire Pleasure	\$ []
Auto - Non-Standard	\$ []	Boats	\$ []
Long Haul Trucking Workers	\$ []	Mobile Homes/RVs	\$ []
Compensation Livestock	\$ []	Motorcycles	\$ []
Mortality	\$ []	Wind/Flood/EQ	\$ []
Crop Coverages	\$ []	Umbrella	\$ []
Medical Malpractice	\$ []	Other (Specify):	
Professional Liability (Specify):		[]	\$ []
[]	\$ []		
Wet Marine	\$ []	TOTAL PERSONAL LINES:	\$ []
Inland Marine	\$ []		
Bonds/Surety	\$ []		
Aviation Products Liability	\$ []		
Other (Specify):	\$ []		
[]			
	\$ []		
<u>TOTAL COMMERCIAL LINES:</u>	\$ []		

b. Written business by Percentage of Revenues (MUST total to 100%):

<u>Life, Accident & Health</u>			
Life	[] %	Whole Life	[] %
LTD	[] %	Universal Life	[] %
STD	[] %	Variable Life	[] %
Dental	[] %	Credit Life	[] %
Fully Insured Health	[] %	Viatical Settlements	[] %
Self-Insured Health	[] %	Accident - AD&D	[] %
METS/MEWAS Stop	[] %	Mutual Funds	[] %
Loss	[] %	Pension Plans	[] %
Fixed Annuities	[] %	401(k) Plans	[] %
Variable Annuities	[] %	Stocks/Bonds	[] %
LTC	[] %	Other (specify below)	
		[]	[] %

c. Property and Casualty Business Placed As:

Agent (business placed directly with carriers)	<input type="text"/>	%
Broker/Wholesaler	<input type="text"/>	%
Managing General Agent/Underwriter	<input type="text"/>	%
Reinsurance Intermediary	<input type="text"/>	%
Surplus Lines Broker	<input type="text"/>	%
TOTAL	<u>100</u>	%

If ANY business is placed as an MGA or MGU, please complete and attach the *Managing General Agent/Underwriter Supplemental Application*.

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

11. Are you affiliated with a broker/dealer?
If yes, please provide details below:

YES NO

12. Does the Applicant perform any of the following activities?

		<u>Revenues/Income</u>
a. Reinsurance Intermediary	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
b. Third Party Administrator	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
c. Claims Adjustment Services	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
d. Policy Issuance	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
e. Investment/Securities Advisor	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
f. Actuarial Services	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
g. Legal Advisor/Services	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
h. Tax Advisor	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
i. Risk Management/Loss Control	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
j. Title Insurance	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>
k. Vehicle Registration Services	<input type="radio"/> YES <input type="radio"/> NO	\$ <input type="text"/>

If Yes is indicated for b or c, a Third Party Administrators and/or Claim Adjusters Supplemental Application **MUST** be completed and attached to this Application.

13. Please indicate the number of:

Owners, Officers, Partners:

Employed Solicitors, Brokers,

Agents: All Other Employees:

Exclusive Independent Contractor

Producers:

Non- Exclusive Independent

Contractor Producers:

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

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

<u>Name</u>	<u>Position/Title</u>	<u>LicenseNo.</u>	<u>No. of Years Licensed</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

UNDERWRITING INFORMATION

14. Office Controls and 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/suspense system? YES NO

c. Please describe the procedures/manual documentation used to ensure the above procedures are implemented:

[Redacted area]

d. Does the Applicant have a specific orientation program/office manual review for all new employees? YES NO

15. Do you ever sign any application forms for your clients? YES NO

If yes, please provide details for when this may occur and how often:

[Redacted area]

16. Do you always get a written sign-off from your client when they choose not to purchase any recommended coverage?

If no, please advise on how declination for such coverage is documented in your files: YES NO

[Redacted area]

17. Do you always disclose any fees charged to the clients before binding policies? YES NO

If no, please explain:

[Redacted area]

18. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production? YES NO

If yes, please provide details below:

[Redacted area]

19. 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, please provide an explanation:

[Redacted area]

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

If yes, please provide an explanation:

20. Has any policy or application for Errors or Omissions insurance 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, cancelled or renewal refused within the last five (5) years? YES NO

If yes, please provide an explanation:

21. 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 CLAIMS SUPPLEMENTAL APPLICATION MUST BE COMPLETED AND ATTACHED.

22. 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:

23. List Errors and Omissions Carriers/information for the last 5 years. (If none, state "None"):

Limits of Liability

<u>Insurance Carrier</u>	<u>Policy Period</u>	<u>Per claim</u>	<u>Aggregate</u>	<u>Deductible</u>	<u>Premium</u>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

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

CYBER/TECHNOLOGY

25. Does Applicant currently have or has Applicant ever had insurance coverage for Cyber/Technology Errors & Omissions?

YES NO

26. Please describe security measures utilized to protect your computer network and systems.

27. a. Do you utilize encryption for electronic data at rest?

YES NO

b. Do you utilize encryption for data transmitted via wireless?

YES NO

28. Please describe security measures and procedures used to protect sensitive data in your care, custody and control.

29. Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.).

30. Have you experienced any security breaches or data loss events?

YES NO

If yes, please explain the specifics and any action taken to prevent recurrence:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. 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 nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims-made form.

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.

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:

Date

Title:

If you prefer not to Return Application with an Electronic Signature, Please print and Sign Below:

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 electronically submitted 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 statements and representations made in this electronic application. The Applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Signature of Applicant or Authorized Representative

Date

Title

Additional Comments or Details:

