RESET

APPLICATION

Insurance Agents and Brokers Errors and Omissions Insurance

Underwritten by

Utica National Insurance Group
New Hartford, New York

This is an application for a Claims-Made Policy. Coverage is subject to Underwriters' approval.

☐ New Application ☐ Renewal Application

If renewal, provide prior UTICA Policy Number _____ *Expiration date* _____

Required in Iowa: Soliciting Agent _____ *License Number* _____

1. *Name of Agency* _____
(Include all trade names DBAs, etc.)

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC/LLP ☐ Other

2. *Mailing Address* _____
Street City County State Zip Code

Physical Address _____
Street City County State Zip Code

Telephone # (___) _____ *FAX #* (___) _____ *Website Address:* _____

Email Address of Key Contact _____

Cell phone of Key Contact in the event of Business Interruption _____

3. Address of branches with identical ownership: *If more locations, attach sheet with information on each.*

(1) _____
Street / City / County / State / Zip Code

(2) _____
Street / City / County / State / Zip Code

(3) _____
Street / City / County / State / Zip Code

4. Year agency established under current ownership: _____

(If the agency is less than two years old, a resume must be attached for each licensed owner, partner, officer and director of the agency to reflect insurance experience, education, professional designation, etc.)

	Yes	*No*
5. Has the name of the agency, ownership or principals of the agency changed, or has any other business been purchased, merged or consolidated with the agency, including the purchase of another agency's business, during the past five years? *If "Yes" please list details below including gross income derived from other business.*	☐	☐
6. Is the agency engaged in any other business? *If "Yes" please give details.*	☐	☐

Yes *No*

7. **a.** Is the agency owned by, associated with or controlled by any other businesses? ☐ ☐

If "Yes" please provide name, percentage of ownership, description of business of parent or controlling interest, kind and amount of insurance derived from associated business or owner

b. Is office space shared with another insurance agency? ☐ ☐

If yes, explain: _____

8. **a.** Annual Total Gross **P&C** (new and renewal) written premium volume ..... $_____

Annual **P&C** (new and renewal) commissions ..... $_____

Annual **Life, A&H** (new and renewal) commissions ..... $_____

b. What **states** do you hold non-resident licenses in? _____

What is the premium volume (**by state**) of the states you hold non-residents licenses in?

9. Premium volume of:

a. Substandard business (includes surcharged includes surcharged auto, assigned risk pool(s) for auto, workers compensation, property, etc. This does not include specialty lines of coverage for mobile homes, snowmobiles, motorcycles, long haul trucks, etc. ..... $_____

b. Surplus lines business (Business placed with nonadmitted carriers) ..... $_____

10. What percentage of TOTAL INCOME comes from:

Insurance	_____%
Claim Adjusting for a fee (Not TPA)	_____%
Premium Financing for own clients	_____%
for others	_____%
Consulting for a fee (Specify) for own clients	_____%
for others	_____%
Third Party Administration for	
Employee Benefit/Pension Plan	_____%
All Other Plans	_____%
Real Estate Sales	_____%
Mutual Funds and Annuities (Series 6)	_____%
Financial Products (Series 7)	_____%
Loan Origination Activities	_____%
Other (specify)	_____%
(MUST TOTAL 100%)	100%

11. Please give the approximate percentage breakdown of the percentage of Property & Casualty business placed.

_____% Direct with Carriers
_____% Through Brokers (including Surplus Lines)
_____% Through MGA's
_____% Through Retail Agencies
_____% Through Other Insurance Intermediaries
_____% As Broker (including Surplus Lines)
_____% As MGA
100% TOTAL

12. Please give the approximate percentage breakdown of the total premium volume.

Business received or assumed:

_____ % Direct from insureds

_____ % From other agencies or brokers

100% TOTAL

13. Please give the approximate percentage breakdown of total commissions.

_____% Personal Lines

_____% Life, Accident & Health Lines

_____% Commercial Lines

100% TOTAL

14. Please give the approximate percentage breakdown based on commissions:

Commercial Lines

_____ % Animal Mortality
_____ % Automobile - Standard
_____ % Automobile - Nonstandard
_____ % Long Haul Trucking
_____ % Aviation
_____ % Bonds - Surety
_____ % Bonds - All Other
_____ % Crop Insurance
_____ % Fire - Standard
_____ % Fire - Non Standard (Fair Plan)
_____ % General Property/Casualty
_____ % Inland Marine
_____ % Professional Liability
(Specify) _____
_____ % Umbrella/Excess
_____ % Wet Marine
_____ % USLH/Harbor Workers
_____ % Workers Compensation
_____ % Other (Specify) _____
_____ **% Total Commercial Lines**

Personal Lines

_____ % Auto - Standard
_____ % Auto - Nonstandard
_____ % Homeowners & Standard Fire
_____ % Nonstandard Fire
_____ % Umbrella
_____ % Wet Marine - Pleasure Boats
_____ % Inland Marine
_____ % Other (Specify) _____
_____ **% Total Personal Lines**

100 % Total Commercial & Personal Lines (TOTAL MUST EQUAL 100%)

Life, Accident, Health

Life:

_____ % Individual (excl. Universal)
_____ % Universal
_____ % Substandard (Surcharged/High Risk)
_____ % Group

Health:

_____ % Individual
_____ % Group:
_____ % Guaranteed Issue
_____ % Individually Underwritten
_____ % Not Fully Insured

_____ % Long Term Care
_____ % Disability Income
_____ % Annuities, Fixed
_____ % Annuities, Variable
_____ % Financial Products

Consulting:

_____ % Benefit or Pension
_____ % Benefit, Pensions Plan or Claims Administration
_____ % Third Party Administration
_____ % Tax
_____ % Estate Planning
_____ % Actuarial
_____ % Other (Specify) _____

100 % Total Life, Accident, Health

	Yes	*No*
15. Is agency associated with a cluster or similar type arrangement? If yes, please attach detailed description.	☐	☐
16. Does anyone from the agency sit on any **Company Board of Directors or Governing Committees** involving an insurance related activity? If yes, provide details.	☐	☐

17. List all of the Markets that together account for 100% of your total agency premium volume. (Include P&C, L, A & H, HMOs, PPOs, Wholesalers, SIFs, Captives, RRGs, RPGs, etc.) Check appropriate boxes.

Company	*%*	*Business placed direct with insurance companies (AGENT)*	*Business placed through others*	*Business placed as an MGA or Broker*
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Coverage may be available for the insolvency for RRGs, RPGs, Self Insured programs or Companies rated NR by AM Best upon written request. Coverage is subject to underwriting approval and receipt of any additional information requested by the underwriter.

18. Please indicate the agency E&O carrier for the last three years. If none, state none.

Carrier	*Policy Number*	*Limit*	*E&O Premium*	*Effective and Expiration Date*

19. If you have not had Errors and Omissions coverage for the last (3) years or have had a gap in coverage please give us a narrative explanation.

20. Please give information requested for **all agency staff.** Over 20 hours is counted as full time; part time employees are counted as 1/2 each. Please count each employee only once.

a. Licensed Owners, Partners, Officers, Directors:

Name	*Check if Licensed*	*Professional Designations*	*NASD Licenses*	*Positions*	*No. of Years w/Agency*	*No. of Years in Insurance*	*Full Time*	*Part Time*
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐

b. Licensed solicitors or producers **who are employees of the agency:**

Name	*Check if Licensed*	*Professional Designations*	*NASD Licenses*	*Positions*	*No. of Years w/Agency*	*No. of Years in Insurance*	*Full Time*	*Part Time*
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐

c. All Other employees including nonlicensed owners, partners, officers and directors.

Name	*Check if Licensed*	*Professional Designations*	*NASD Licenses*	*Positions*	*No. of Years w/Agency*	*No. of Years in Insurance*	*Full Time*	*Part Time*
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐

d. Solicitors, producers, office brokers who are **not employees of the agency**.

Name	*Check if Licensed*	*Professional Designations*	*NASD Licenses*	*Positions*	*No. of Years w/Agency*	*No. of Years in Insurance*	*Full Time*	*Part Time*
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐
	☐						☐	☐

e. If more than one office, please indicate the number of staff members at each location. **#1** _____ **#2** _____ **#3** _____

If more locations, attach sheet with information on staff members at each location.

FOR RATING PURPOSES: If total includes a fraction, premium is based on number without fraction, e.g., if total is 3 1/2, premium is based on 3.

TOTAL STAFF _____
(count part-time employees as 1/2 each)

21. Loss Control Questions: *Yes* *No*

a. Have you attended an E&O Seminar within the last 15 months or will you within 30 days of inception date? ☐ ☐

How many staff attended? _____

Attach certificates of completion for loss control discount.

b. Do you use an exposure analysis checklist/program as part of your standard operating procedure? ☐ ☐

If no, explain how you identify exposures per account:

c. Is incoming mail date stamped? ☐ ☐

d. Is there a procedure for documenting important phone conversations? ☐ ☐

e. Are all policies and endorsements checked for accuracy before mailing? ☐ ☐

f. Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of cancellation or material changes in coverage? ☐ ☐

g. Do you have any internal procedures to check the financial condition of the insurance companies or other insurance sources with which business is or will be placed? ☐ ☐

h. Does the agency have a procedure to notify policyholders of negative carrier rating changes or an adverse development involving your carriers? ☐ ☐

If yes, explain:

i. Do you have a common set of procedures for all agency locations? If no, attach details. ☐ ☐

22. List any agent associations that you are currently members of

23. Please describe your orientation program for new employees:

	Yes	*No*
24. Does applicant have planned diary, suspense or follow-up system?	☐	☐

If "Yes," describe. Please check: ☐ *Manual System* ☐ *Automated System*

25. Please describe the levels of automation within your agency: (ie: Production and accounting systems, On-line with carriers, Use of Internet/Website)

26. Has an application for similar insurance on behalf of the agency, its predecessor in business or any of its present or former owners, partners, executive officers or directors been declined, cancelled or renewal refused?	☐	☐

If "Yes," please explain in detail. [Not applicable in Missouri]

27. During the past five years, has any claim been made against the agency, its predecessor in business, or any of its present or former owners, partners, officers, or directors?	☐	☐

If "Yes," a statement giving details and status of each claim including dates, amount of claim, deductibles, payments, open reserves, name of client and full details of loss, if any, must be attached.

28. Is the agency aware of any circumstance, allegation, contention or incident which may result in any claim being made against the agency, its predecessor in business or any of its present or former owners, partners, officers or directors?	☐	☐

If "Yes," a statement giving complete details including dates and amount of possible claims must be attached.

29. Have there been any fines or disciplinary action, including license suspension, taken against you, your employees, or your associates by any insurance regulatory agency?	☐	☐

If "Yes," a statement giving complete details must be attached.

30. Insurance Agents and Brokers Errors and Omissions Coverage.

a. Limit of Liability: $_____ each Loss $_____ Aggregate

b. Deductible: $_____

c. Desired effective date _____

You may have the option of how your deductible amount, per loss, will be subtracted from each loss. Indicate the option desired:

1. ☐ LOSS ONLY; we will pay for loss in excess of the deductible amount up to the limits of liability, providing first dollar defense expense.

2. ☐ LOSS AND LITIGATION EXPENSE; the deductible will be applied to both loss and (when applicable) litigation expense as defined in the policy.

31. Check desired Optional Coverages (subject to Underwriting approval. Available optional coverages vary by state)

- ☐ Contingent Catastrophe Claim Extra Expense
- ☐ Employment Related Practices Liability Insurance (Request ERPLI Application)
- ☐ Mutual Funds/Annuities Coverage (Request Mutual Funds or Financial Products supplemental application)
- ☐ Financial Products Coverage (Request Mutual Funds or Financial Products supplemental application)
- ☐ Loan Origination Coverage
  Limits: ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $2,000,000/$2,000,000
  Name of Loan origination program:_____
- ☐ Real Estate E&O (Request Real Estate supplemental application)
- ☐ Professional Employer Organization E&O Insurance Name of PEO program:_____
- ☐ Third Party Administration

Insurance is effective only upon approval by underwriter.

Premium check or draft is subject to collection in accordance with the practices of the collecting bank or banks and the insurance shall be void if the full amount of premium check or draft is not received by the company

32. **COMPLETE ONLY IF YOU HAVE KENTUCKY LICENSES:** As a condition to the issuance of the policy the insured agency agrees to notify the Kentucky Department of Insurance of any additions or deletions of licensed personnel within the agency.

a. Number of licensed agents for whom a certificate of insurance issued to the Kentucky Department will be necessary. (Attach additional list, if needed.)

Name	Home Address	Types of License	SS#

b. The name of the person who will be responsible for making these filings is:

_____

NOTICE TO APPLICANT

APPLICABLE IN 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.

APPLICABLE IN CALIFORNIA - For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN 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.

APPLICABLE IN DELAWARE - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN NEW MEXICO - Any person who knowingly presents a false of 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.

APPLICABLE IN NEW YORK - 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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 such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE - 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

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 containing any materially false information, or conceals for the purpose of misleading information concerning and fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Important Claims-Made Notice

The policy which provides Agents' Errors and Omissions insurance applies on a claims-made basis.

The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

A. The Coverage Form will not apply to any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period.

B. The Coverage Form will apply to losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period and if any claim is made according to **D.** below.

C. The Coverage Form will not apply to any loss for which claim is first made after:

- **1.** The expiration of the policy period or its earlier termination date, if any; or
- **2.** The Automatic or Optional Extended Reporting Period described in the Extended Reporting Period section of the Coverage Form.

D. The Coverage Form will apply only to claims which are first made:

- **1.** During the policy period;
- **2.** During the sixty day Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form; or
- **3.** During the Optional Extended Reporting Period of 12 months to 120 months duration, as described in the Extended Reporting Period Section of the Coverage Form.

E. The Optional Extended Reporting Period must be requested by the insured in writing, by sixty days after the termination of coverage in order to allow claims to be made against the policy coverage after the expiration of any Automatic Extended Reporting Period.

F. For the first three years of claims-made coverage, premium will be comparatively lower than for occurrence coverage, and will increase for each renewal of those policies. Claims-made prices will still be somewhat lower than occurrence prices for mature accounts (in their fourth or later years.) The purchase of Optional Extended Reporting Periods, as described above, requires additional premium payments.

G. A review of the Extended Reporting Period provisions in the Coverage Form, as summarized above, will underscore the importance of both the Automatic and Optional Extended Reporting Periods. A potential gap in coverage may arise upon expiration of such extended reporting period coverage.

I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, that I/we have not suppressed or misstated any facts and I/we agree that this application shall be the basis of the contract with the Utica National Insurance Group, New Hartford, NY, and deemed a part thereof. It is also acknowledged that the applicant is obligated to report any changes that occur after the date of signature, but prior to the effective date of coverage.

The application must be signed in ink by owner, principal, partner of office (carbon or stamped signatures are not acceptable.)

Applicant Signature _____ Date _____

Name _____ Title _____ Date _____

If the policy is issued, one signed copy of application will be attached to the policy or certificate. Signature to the form and submission of check does not bind the company to complete insurance.

APPLICATION INSTRUCTIONS

PLEASE FOLLOW THE INSTRUCTIONS AS LISTED TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.

- **Applications must be submitted in duplicate. (One original and one photocopy; each with an original signature.) This is an application for a Claims-Made Policy. Coverage is subject to Underwriters' approval.**
- All questions must be answered. If a question does not apply to you, indicate "NOT APPLICABLE."
- If more space is needed, please use a separate sheet to complete answers and attach to application.
- Premium check, if applicable, should be made payable to Utica National Insurance Group.
- Return application and premium check, if applicable, to:

  UTICA NATIONAL INSURANCE GROUP
  ERRORS & OMISSIONS DEPARTMENT
  P.O. BOX 530
  UTICA, NY 13503
  OR
  180 GENESEE STREET
  NEW HARTFORD, NY 13413

- Processing time for a properly completed application is approximately 30 days and should be taken into consideration when applying.