INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION - NEW BUSINESS

The insurance coverage for which you are applying is written on a claims-made policy form. Subject to policy provisions, this insurance will apply only to liability for claims that are first made against the insured while the policy is in force.

Agency's Legal Entity Name. (pro	oseu primary name insureu in	cidding the D/b/A ii ap	ріїсавіе).	
Agency is a: Sole Proprietorship	o: Partnership:	Corporation:	LLC:	Other:
. Name of designated agency E&O	contact:			
Phone:	Fax:	Email:	ν	Vebsite:
. Date Agency Established: ** Resumes for all owners	(MM/DD/YY) Ye must be provided if agency v	ar Current Owner Assu was established or ov	umed Management: wner assumed manag	(MM/DD/YY) gement within the past 3 years.**
. Physical Address (Primary Location	າ):			
City:	State:	_ County:		Zip:
Mailing Address (if different from al	oove):			
City:	State:	County:		Zip:
	O (If <u>YES</u> , attach address of			
If YES, are all locations owned and	· ——		NO (If NO , attach e	xplanation)
Is agency owned or controlled by o			· 	
name, percentage of ownership int	-		NO (II <u>TES</u> , attacii	explanation including the entity's
Within the last five years, have then	e been: (If <u>YES</u> , to any question	n below attach a detail	ed explanation)	
a. Changes in name b. Changes in agency owne	YES / NO rship YES / NO	c. Mergers with/o d. Agency cluster	r purchases of other ag arrangements	gencies YES / NO YES / NO
Select desired Limits of Liability, De	ductible, Desired Effective Dat	e and Retro Date (Sel	ections may be subjec	t to underwriting approval)
LIMITS OF LIABILITY (Pe	r Claim/Aggregate)		DEDU	CTIBLE (Per Claim)
\$500,000 / \$1,000,000	\$2,000,000 / \$3,000,000		\$2,500	\$25,000
\$1,000,000/\$1,000,000	\$2,000,000 / \$3,000,000		\$5,000	\$50,000
\$1,000,000/ \$2,000,000	\$3,000,000 / \$3,000,000		\$7,500	Other
\$1,000,000/ \$3,000,000	\$4,000,000 / \$4,000,000		\$10,000	
\$2,000,000/ \$2,000,000	\$5,000,000 / \$5,000,000			
Desired Effective Date:	(MM/DD/YY)	Current Re	etro/Prior Acts Date:	(MM/DD/YY)
		(If "Full Prior Acts	or "None", enter first	date of continuous E&O coverage)
0. Premium Volume/ Commissions /	, ,	<i>'</i>	AST 12 MONTHS	NEXT 12 MONTHS
OTAL P&C GROSS PREMIUMS W				-
otal gross annual P&C Commissions	& Broker Fees (Pers /Comm	lines)		
	,			-
otal gross annual Life Commissions	,			

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11. Number of personnel: (Each individual should	be counted only once)							
	15.1		# of Ful	I-Time	# of Part-Tir	me		
Licensed Owners, Officers, Shareholders, Member Licensed Producers / Sales Staff	s and Partners		-					
Licensed Independent Contractors								
Other Licensed Staff			-					
Non-Licensed Staff								
		Total						
		l Otal						
12. List the names of Licensed Owners, Officers, a	and Shareholders, Memb	ers and Pa	artners and	years of inst	ırance expe	rience.		
		Insuranc	e Designati	ons % o	of Ownership		Insurance	
Individuals Name R	elationship to Agency		if any		if any	Exp	erience	
13. Percentage of business placed:								
As Retail (Business Sold Directly to Insureds)				21				
As Wholesale (Business Sold to Other Agents)				% % (Supr	Jemental An	p. must be c	ompleted)	
As MGU/PA (Business for which you have underwi	riting, binding, but NO cla	ims authori	ity) —	% (Supp % (Supp				
As MGA (Business for which you have underwriting,	binding and claims author	ority)	_		-	p. must be c		
TOTAL MUST EQUAL 100 %			_	%		•	. ,	
14. Type and PERCENTAGE of Insurance Placed (F	Prior 12 months)							
PERSONAL LINES			CON	MERCIAL L	<u>INES</u>			
Auto-Standard		Fire						
Auto-Non Standard			ge Policies		_			
Homeowners-Property		Medica	al Malpractio	ce	_			
Substandard Fire			sional Liabii		_			
Other (Specify):			rs Compen	sation	_			
TOTALPERSONAL LINES %		Commercial Auto General / Excess Liability						
		EPLI	ui / Lxccss	Liability	_			
		Long H	łaul Truckin	ıg	_			
LIFE, HEALTH AND ACCIDENT			nsurance		_			
Life		Bonds			_			
Life Accident & Health		Marine Aviatio			-			
					_			
TOTAL LIFE, HEALTH AND ACCIDENT %				RCIAL LINES				
,					_			
GF	RAND TOTAL OF BUSIN	NESS PLAC	CED (MUS	T EQUAL 10	10%) _			
		% of To	otal Busine	ss that is Dire	ect Billed _			
45 List of the Standard Comings and the Demand	ek ef Donain and Diagonium		h - 4-4-1		050/ -5	4	_4_1	
 List of top 5 Insurance Carriers and the Percer premiums written, please answer by attachmer 		n each: if ti	ne total equ	iais iess thar	i 85% ot you	ır agency s t	otai	
		A ====	C4	A dustities of	Caminus	AM Best	# Years	
Name of Insurance Carrier	% of Business	Agency (YES	Contract? NO	Admitted YES	Carrier?	Rating	Represented	
					 			
					 			

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If YES, what percentage ____%

16. Does the agency place business with carriers that are rated less than B+ by A.M. Best: YES / NO

17. In the past 5 years has the agency:

- a. Placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations with significant pollution exposures? YES / NO
- b. Specialized in any programs or classes of business? YES / NO
- c. In the past five years, has the applicant firm placed coverage or had involvement with self-insured / Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? YES / NO

If YES, the applicant must include the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the Insurer(s); the name and address of the administrator; any administrative duties performed by the applicant; and appropriate financial information, if applicable. You must also provide a copy of the promotional literature.

18. Does the agency perform any of the following activities? If YES, attach resume, promotional material and sample contract. Coverage may not be available and/or excluded.

ACTIVITY	YES	NO	ANNUAL REVENUE
Financial Products (Mutual Funds, Annuities, Pensions, etc.)			\$
Reinsurance Intermediary			\$
Third Party Administrator			\$
Investment Security Advisor			\$
Pre-paid Legal			\$
Human Resources			\$
Actuarial Services			\$
Tax Advisor/Preparer			\$
Risk Management / Loss Control			\$
Premium Finance for Operations			\$
Mortgage Service Facility			\$
Real Estate			\$
Motor Vehicle Title Services			\$
Professional Employer Organization (PEO) Marketing			\$
Other (Specify):			\$

19. Office Procedures

	YES	NO
a. Does the agency utilize a computerized production and accounting system?		
If YES, Is there a back-up procedure for computerized production and accounting systems? Yes/ No		
b. Do you maintain a separate premium trust account?		
c. Is the agency on-line with any carrier?		
Name of carrier: Annual Volume with Carrier:		
d. Is incoming mail date stamped?		
e. Does the agency have a written office procedure manual?		
f. Are copies of binders mailed to the insured and/or the company within specified guidelines?		
g. Is there a procedure for documenting files and telephone conversations?		
h. Is a policy expiration list maintained?		
i. Are all applications, policies and endorsements checked for accuracy?		
j. Are files marked to ensure certificate holders are notified of cancellation and material changes?		
k. Does the agency have a diary/suspense system to track business?		
I. Does the agency have procedures in place to ensure proper disclosure of exclusions including but not limited to Mold/Fungus and War/Terrorism?		
m. Does the agency have procedures in place to ensure written documentation of policy limitations including but not limited to; wind deductibles, hurricane deductibles, and earthquake deductibles?		
n. Does the agency have procedures to ensure written confirmation of coverages requested, declined and accepted by the insured (i.e.: Checklists)?		
o. Has any of the agency staff attended an approved E&O seminar within the last 12 months or plan to attend within the next 30 days? If YES, Date of Seminar: Percentage of staff Attended:		
p. Does any of the agency staff hold industry-recognized and approved insurance designations, incl. CPCU, CIC, CISR CPCPSR and ACSR? If YES, Percentage of staff that have designations: Designations:		
q. Is the agency a member of an Insurance Professional Association? If YES, which one(s)		
r. Has the agency had an Errors and Omissions Audit? If YES, were all recommendations implemented? YES/ NO Date of Audit:		

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					<u>YES</u>	<u>NO</u>
20. Has your agency ever experienced a la If the answer is YES, attached a detaile		been cancelled d	ue to non-payment of prem	nium? —		
21. Has any past or present owner, officer, and/or disciplinary action by any insuran				ts filed —		
22. Has any policy or application for similar in partners, members, employees or solicite cancelled, or renewal refused. If YES , a	ors, or on behalf of any p	predecessor in bus				
23. Have any claims been made against the members, owners, employees or solicito predecessors in business, within the last	rs or to the knowledge o	f the applicant age	ency on behalf of its			
24. Does any prospective insured person or developments, which may reasonably be owners, officers, partners, employees or Claim Form and loss runs.	e expected to give rise to	a claim against th	ne applicant agency, past	mental _		
25. If YES to 23 or 24, have they been report	rted to your Professiona	l Liability Insuranc	e Carrier? (Circle One)	YE	S NO	N/A
IT IS AGREED WITH RESPECT TO QUES' HEREIN), IS EXCLUDED FROM THE PROP		T ANY CLAIM AR	ISING THEREFROM (WH	IETHER OR	NOT DISCL	OSED
Please provide the following information the expiring Declarations Page. If no cov.				past 5 year	s. Attach a	copy of
Company	Policy Period	Retroactive / Prior Acts Date	Limit of Liability	Deductibl		nual mium
						-
THE APPLICANT AND AGENCY AND A	s of interest based upor writing prior to binding have or may be enacte forementioned produce O APPLICANT - PLEAS LL PROPOSED INSU ned is authorized by a	n contingent or oth coverage. The a ed by the state(s) r compensation di SE READ CAREFI REDS ACCEPT and acting on beh	pplicant further agrees to in which the applicant co sclosure requirements ma JLLY BEFORE SIGNING NOTICE THAT ANY POLITIES THE SIGNING AND T	ents to its clied be bound by onducts oper ay affect cover by LICY ISSUE represents to the bound of the bound	ents and will y the provision rations. The erage under ED WILL AP that all state	secure the ons related e applicant this policy, PPLY ON A ements and
application shall be the basis of coverage REQUIRED TO PROVIDE WRITTEN NOT BETWEEN THE SIGNATURE DATE BELOV	e. THE APPLICANT TIFICATION TO THE C	AND ALL PRO OMPANY OF AN	POSED INSUREDS ACC Y CHANGES TO THIS A	CEPT NOTION	CE THAT	THEY ARE
THE APPLICATION MUST BE SIGNED BY	AN ACTIVE OWNER, F	PARTNER, OFFIC	ER OR MEMBER OF THE	APPLICAN	Т.	
Signature	Printed Name of S	Signer	Title		Date	
SIGNING THIS FORM OR TENDERING PR COMPLETE THE INSURANCE.	REMIUM WITH THIS AP	PLICATION DOES	S NOT BIND THE APPLIC	ANT OR THI	E COMPAN	/ TO
Application must be signed and dated to be prompt issuance of coverage, should quotation			ompleted, original signed a	and dated ap	plication will	allow for
Producer's Signature	Printed Name of Pro	ducer	Producer License No.		Date	

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