U.S Risk Underwriters
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INSURANCE PROFESSIONALS ERRORS & OMISSIONS AND RELATED PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE AND REPORTED" BASIS WHICH APPLIES ONLY TO CLAIMS FIRST MADE WHILE THE POLICY IS IN FORCE.

1. Name of Applicant: ____

2. Street Address: ____________________________ P.O.Box____________________

   City, State, Zip: ____

   Telephone Number: (________)____________________ Fax Number: (_________)____________________

   ____Individual ____Partnership ___Corporation Federal I.D.# ______________________

3. Attach a list of any DBA's or other names used in the business and identify type of business relationship to Applicant. List all locations besides the one listed on Question 2 on a separate sheet.

4. If the applicant is owned, controlled or affiliated with or by another entity? ______Yes ______No (If yes, give details on a separate sheet, including name of entity, percentage owned/controlled, etc.)

5. Within the last five years, has the name of the applicant been changed or has any other business been purchased, merged or consolidated with the applicant? ______Yes ______No (If yes, give details on a separate sheet)

6. List the following information and identify all owners, partners, officers, directors, and licensees: (attach a separate sheet if necessary, along with resumes on each individual)

NAME	TITLE	YEARS OF INSURANCE EXPERIENCE	LICENSE NUMBER	PERCENT OF OWNERSHIP

7. Date First Licensed:____________________ Date Firm Was Established:_______________

8. Agency staffing:

STAFF POSITION	TOTAL NUMBER	LICENSED	UNLICENSED	INDEPENDENT CONTRACTORS
Agents/Brokers/Solicitors				
Service/Raters				
Accounting/Bookkeeping				
Clerical/Filing				
Other:				
TOTAL				

9. Are all employees who have customer contact licensed? _____ Yes _____ No

10. State the Applicant's Annual Premium Volume and Income: (along with most recent annual financial statements)

	LAST YEAR	ESTIMATE THIS YEAR
TOTAL P&C GROSS PREMIUM WRITTEN ANNUALLY		
TOTAL GROSS ANNUAL P&C COMMISSIONS		
TOTAL GROSS ANNUAL LIFE & HEALTH COMMISSIONS		
NET COMMISSION INCOME*		
OTHER INCOME (DESCRIBE)		

***After deducting commissions paid to others not proposed for insurance hereunder**

11. (a) State the approximate percentage breakdown of total annual volume (**Totals A + B + C + D should = 100%):**

A. PERSONAL LINES	
Non-Standard Auto	%
Homeowners	%
Dwelling	%
Standard Auto	%
A. TOTAL	%

B. SPECIALTY LINES	
Aviation	%
Professional Liability	%
Surety	%
Other:	%
B. TOTAL	%

C. COMMERCIAL LINES	
Casualty (GL/Umbrella)	%
Property/Package	%
Commercial Auto	%
Trucking-Long Haul	%
Inland Marine	%
Workers Comp	%
Other (Explain):	%
C. TOTAL	%

D. LIFE AND HEALTH	
Life Individual	%
Life Group	%
A & H Individual	%
A & H Group	%
Annuities	%
Other (Explain):	%
Other (Explain):	%
D. TOTAL	%

11. (b) Please confirm that Totals A + B + C + D = 100%

12. Business written directly for your own Insureds:_____% Business accepted from other agents and brokers:_____%

13. List all Companies with whom the applicant places business directly (other than MGA'S or wholesalers). (Attach separate sheet if necessary)

COMPANY					
DOMICILE					
BEST RATING					
DATE APPOINTED					
LINES OF BUSINESS					
PREMIUM **					

**** Premium Volume For Last Accounting year.**

14. List all Surplus Lines Brokers and MGA's with whom you place business: (Attach separate sheet if necessary)

NAME	LINES PLACED	PREMIUM LAST ACCOUNTING YEAR

15. Have any Companies canceled or non-renewed the Agency relationship in the past three years? ____Yes ____ No
If yes, please explain (attach separate sheet if necessary): ____

16. Do you perform any of the following activities? (Coverage my be excluded under the policy)

OPERATIONS	YES	NO	Premium/Revenue/ Income	GROSS COMMISSIONS	NET COMMISSIONS ***
Reinsurance Intermediary					
Third Party Administrator					
Claim Adjustment Services					
Actuarial Services					
Tax Preparer/Accountant					
Risk Management/ Loss Control					
Premium Finance for Operations					
Real Estate Sales					
Managing General Agent					
Wholesale Brokering					
Mutual Funds Sales †					

***** After deducting commissions paid to others <u>not</u> proposed for insurance hereunder.**
† Mutual Funds – will need name and address of broker/dealer.

17. Please indicate functions performed by computer automation:

	In-house	Outside Service		In-house	Outside Service
ACCOUNTING			**CLAIMS**		
RATING INFORMATION			**LOSS HISTORY**		
POLICY INFORMATION			**MARKETING**		

18. Office Procedures:

		YES	NO	N/A
a.	Does applicant have an office manual?			
b.	Is coming mail date stamped?			
c.	Are copies of binders mailed to the insured and/or the company within specified guidelines?			
d.	Is there a procedure for documenting files and telephone conversations?			
e.	Are all applications, policies and endorsements checked for accuracy?			
f.	Are files marked to ensure certificate holders are notified of cancellation or material changes?			
g.	Does the agency have a diary/suspense system?			
h.	Does the applicant have procedures in place to ensure disclosure of exclusions including, but not limited to, Mold/Fungus and War/Terrorism?			

19. List all Professional Liability, E & O, or Legal Expense Insurance carried during the past 3 years. (If none, state "NONE".)

INSURANCE COMPANY	LIMITS OF LIABILITY	DEDUCTIBLE	PREMIUM	INCEPTION	EXPIRATION

20. Proposed Effective Date: ____________________

Do you desire prior acts coverage? _____ Yes _____ No If yes, please submit a copy of your expiring policy showing its retroactive date.

21. (a) Limit of Liability Desired: **(000's omitted)**

	250/500		**100/300**		**1 Mil/1 Mil**
	300/300		**500/1 Mil**		**Other:**

21. (b) Deductible Desired:

	2,500		**5,000**		**Other:**
	7,500		**10,000**		**Other:**

22. Have any claims or suits been made during the past five years against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? ____ Yes ____ No
(If yes, please attach a "CLAIM DATA SHEET")

23. Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission, or offense which may result in a claim being made against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? ____ Yes____ No **(If yes, attach an explanation.)**

24. Has any application for insurance, on behalf of the applicant or any of its predecessors in business, been declined or canceled, or renewal of such insurance been refused? ____ Yes _____ No **(If yes, attach an explanation.)**

25. Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any State Licensing Agency or other regulatory body? ____ Yes ____ No **(If yes, attach an explanation.)**

26. Has the applicant been involved in bankruptcy proceedings? ____ Yes ____ No **(If yes, attach an explanation.)**

27. The Applicant declares that any event, occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: 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.

It is agreed that the signature to this form does not bind the company nor the applicant to complete this insurance.

NAME OF APPLICANT: ________________________________ ____________________ __________________

Signature of the Owner, Partner or President — Title — Date