



**APPLICATION FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY
INSURANCE POLICY**

1. Named Insured _____
DBA (if any) _____
Home Office Mailing Address _____
Physical Address _____
Phone _____ Email _____
Additional Locations _____
Date Established _____ Website Address _____

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

Form of Applicant (Circle one):

- Individual
- Corporation
- Partnership
- Other _____

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 explain relationship: _____

3. 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) _____

4. a.) Is there any entity(s) having a 10% or greater interest in the Applicant, any subsidiary and/or affiliate of the Applicant? Yes No

If yes, please provide the entity's name, % ownership interest and relationship to Applicant.

b.) Has there been a change in management structure, including any additions or deletions of any principals, owners, managers or brokers? Yes No

c.) Have there been any cluster arrangements? Yes No

If yes, please explain _____

5. a.) List the current top four (4) insurance companies for whom you produce premium.

Insurance Company Name	Years Represented	Annual Premium Volume
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

6. a.) List **All** insurance companies, currently rated NR or B+ or less by A.M. Best for which you placed business over the last three (3) years.

Insurance Company Name	Years Represented	Annual Premium Volume
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

7. State the Applicant's Annual Premium Volume and Income, along with the most recent annual financial statement(s)

		Last 12 Months	Current 12 Months	Projected 12 Months
a.)	Total P&C gross written annual premium:			
b.)	Total gross annual P&C commissions:			
c.)	Total Life and A&H gross written premium			
d.)	Total gross annual life and A&H commissions			
e.)	Other income (Please Describe)			

8. a.) Please indicate percent of total premium volume of your agency (**Total should equal 100%**)

COMMERCIAL LINES	PERSONAL LINES
CMP/Package	Auto-Standard
CGL/BOP	Auto-Non Standard
Umbrella/Excess	Homeowners
Auto-Standard	Pleasure Boats
Long Haul Trucking	Mobile Homes/RVs
Workers Compensation	Motorcycles
Livestock Mortality	Wind/Flood/EQ
Crop Coverage	Umbrella
Medical Malpractice	Other (specify)
Professional Liability	TOTAL PERSONAL LINES
Wet Marine	
Inland Marine	LIFE AND A&H INSURANCE
Bonds/Surety	Life/Individual
Aviation	Life, Group
Products Liability	A&H, Individual
Other (specify)	A&H, Group
TOTAL COMMERCIAL LINES	Annuities
	HMO/PPO/DSP
	Other (Specify)
	TOTAL LIFE AND A&H

b.) Percentage of **Property and Casualty** business placed:

As a Retail Agent(business placed directly with carriers)		%
As a Retail Broker		%
As a Wholesale Broker		%
As an MGA/MGU		%
As a Reinsurance Intermediary		%
As a Surplus Lines Broker		%
Are E&O Certificates of Insurance required from Sub-Producers?	Yes	No

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

9. If you place Commercial Property or Homeowners policies, how do you protect yourself from allegations/claims of negligent advice regarding "undervaluation" or inadequate Insurance To Value ("ITV")? Please explain below or by attachment.

10. Does the Applicant perform any of the following activities: if yes, attach resume(s), promotional materials and sample contract(s).

- | | | | |
|----------------------------------|-----|----|-------|
| a.) Reinsurance Intermediary | Yes | No | _____ |
| b.) Third Party Administrator | Yes | No | _____ |
| c.) Claims Adjustment Services | Yes | No | _____ |
| d.) Actuarial Services | Yes | No | _____ |
| e.) Legal Advisor/Services | Yes | No | _____ |
| f.) Risk Management/Loss Control | Yes | No | _____ |
| g.) Title Insurance | Yes | No | _____ |

If **Yes** is indicated for b or c, a Third Party Administration and Claims Administrative Services Supplemental Application **MUST** be completed and attached to this Application.

11. In the past five (5) years, has the Applicant:

- a.) Specialized in any programs or classes of business: Yes No
- b.) 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 either of the above are answered Yes, please attach an explanation, 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.

12. Please indicate the number of:

Owners, Officers, Partners _____ Exclusive Non-Employee Producers _____
 Employed Solicitors, Brokers, Agents _____ Non-Exclusive Non-Employee Producers _____
 All Other Employees _____

List all agency owners, officers and licensed producers:

Name	Position/Title	License No.	No of Years Licensed	No of Years with Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Office Controls and Procedures:

- a. Does the Applicant have a Home Page and/or Web Site? 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. Does Applicant utilize a computerized accounting, billing and production system? Yes No
- c. 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

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

Does the Applicant have a specific orientation program/office manual review for all new employees?
 Yes No

14. a. Has any prospective insured, or any of its employees, ever been subject to an investigation by a 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 _____

- b. Has any prospective insured, or any of its employees, ever had their license revoked, suspended, or been fined or disciplined by any state or regulatory department? Yes No

If Yes, please provide an explanation _____

15. Claim Information:

- a. Has any policy or application for Errors and Omission 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 in the last five year (5) years? Yes No

If Yes, please provide an explanation _____

- b. 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
- c. 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** is indicated for b or c, A CLAIM SUPPLEMENTAL APPLICATION **MUST BE COMPLETED AND ATTACHED**

IT IS UNDERSTOOD AND AGREED THAT, WITHOUT LIMITING ANY RIGHTS OF THE UNDERWRITER, IF SUCH KNOWLEDGE OR INFORMATION EXISTS; ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

- 16.** List Errors and Omissions carriers/information for the last 3 years. (If none, state "none").

	Name of Carrier	Policy Period	Limits of Liability	Deductible	Premium	Retro Date
a.)	_____	_____	_____	_____	_____	_____
b.)	_____	_____	_____	_____	_____	_____
c.)	_____	_____	_____	_____	_____	_____

- 17.** a.) Limit of Liability requested _____
18. b.) Deductible requested _____

Current annual report and company literature/promotional material.
 Latest audited financial statements.
 Resumes of key principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative _____

Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____ / ____ / ____
Mo Day Year