

- j. Do you have authority to bind risks:
- (i) On behalf of some of your companies? [] Yes [] No
- (ii) On behalf of Lloyd's Underwriters?..... [] Yes [] No
- k. Do you place stop-loss? [] Yes [] No

l. During the firm's last financial year, what was premium volume for:

- (i) Life: \$ _____
- (ii) Accident and Health: \$ _____
- (iii) Stop Loss: \$ _____
- (iv) Property: \$ _____
- (v) Casualty: \$ _____
- (vi) Reinsurance: \$ _____
- (vii) Marine and Aviation: \$ _____
- (viii) Other: _____ \$ _____

m. List the firm's top five Insurance Companies:

<u>Name</u>	<u>Premium</u>	<u>% of your Premium Volume</u>	<u>A.M. Best Rating</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

n. Do you place any business with insurance companies that have an A.M. Best rating of B+ or below or are not currently rated? [] Yes [] No

If yes, please give name of company and premium volume. _____

o. Has any insurance carrier canceled or refused to renew any contract with you in the last five years?.... [] Yes [] No

If yes, please attach details.

NOTICE _____

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

____ Signature of Owner, Partner or Principal Title Date