

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

- * This application must be completed in full, including all required attachments.
- * Additional space for comments or details is provided on the last page of this application.
- * We treat all applications as confidential.

SECTION I – GENERAL INFORMATION

1) Full Name of Applicant (including all subsidiaries and related entities for which coverage is requested):

2) DBA (if any):

3) Home Office Mailing Address:

4) Physical Address:

Phone:

Fax:

Email:

5) Additional Locations:

6) Website:

7) Date Business Established:

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

Form of Organization: Corporation Partnership Other:

8) 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 provide the entity's name, percent of ownership interest and relationship to applicant:

9) During the past five (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):

- b. Has there been a change in management structure, including any additions, or deletions of any principals, owners, managers or brokers? Yes No
If yes, please explain:
- c. Have there been any cluster arrangements? Yes No
If yes, please explain:

SECTION II – PRACTICE INFORMATION

- 10) Does the applicant specialize or focus its operations on any particular line of business? Yes No
If yes, please explain:

- 11) a. List the current top five (5) insurance companies for whom you produce premium:

Insurance Company Name	Years Represented	Annual Premium Volume	Current A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	

- b. What percentage of business is placed with:

Admitted Carriers %

Non-Admitted Carriers %

- 12) a. Do you ever place business with carriers that have an A.M. Best Rating below B+ or that are currently assigned an NR (not rated) designation? Yes No
If yes, please list ALL such insurance companies with which you have placed business in the last three (3) years:

Insurance Company Name	Years Represented	Annual Premium Volume	Current A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	

- b. Have you ever 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 yes, please provide an explanation below, 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:

- 13) List all insurance carriers with whom agency contracts have been terminated in the last five (5) years and provide a reason for each termination. (If none, check here)

14) Revenues/Premium Volume:

	2 Years Ago	Last 12 Months	Estimated Next 12 Months
a. Total P&C gross written annual premium	\$	\$	\$
b. Total gross annual P&C revenues (including commissions and fees)	\$	\$	\$
c. Total gross annual Life & A&H written annual premium	\$	\$	\$
d. Total gross annual Life & A&H revenues (incl. commissions & fees)	\$	\$	\$
e. Total annual income derived from other insurance related activities	\$	\$	\$

Please provide details for any revenues entered in 14) e. above:

15) a. Written business by percentage of Revenues (MUST total 100%)

Commercial Lines		Personal Lines	
CMP/Package	%	Auto – Standard	%
CGL/BOP	%	Auto – Non-Standard	%
Umbrella/Excess	%	Homeowners	%
Auto – Standard	%	Non-Standard Fire Pleasure	%
Auto – Non-Standard	%	Boats	%
Long Haul Trucking Workers	%	Mobile Homes/RV's	%
Compensation Livestock	%	Motorcycles	%
Mortality	%	Wind/Flood/EQ	%
Crop Coverages	%	Umbrella	%
Medical Malpractice	%	Other (Specify):	
Professional Liability (Specify):			%
	%	TOTAL PERSONAL LINES:	\$
Wet Marine	%	MUST total last 12 months' figure amount indicated in Question 14a	
Inland Marine	%		
Bonds/Surety	%		
Aviation Products Liability			
Other(Specify):			
	%		
TOTAL COMMERCIAL LINES	%		

b. Written business by percentage of Revenues (MUST total 100%)

Life, Accident & Health			
Life	%	Whole Life	%
LTD	%	Universal Life	%
STD	%	Variable Life	%
Dental	%	Credit Life	%
Fully Insured Health	%	Viatical Settlements	%
Self-Insured Health	%	Accident – AD&D	%
METS/MEWAS Stop	%	Mutual Funds	%
Loss	%	Pension Plans	%
Fixed Annuities	%	401(k) Plans	%
LTC	%	Stocks/Bonds	%
	%	Other:	%

c. Property and Casualty Business placed as:		
Agent (business placed directly with carriers)		%
Broker/Wholesaler		%
Managing General Agent/Underwriter		%
Reinsurance Intermediary		%
Surplus Lines Broker		%
	TOTAL	100 %

If ANY business is placed as an MGA or MGU, please complete and attach the **Managing General Agent Underwriter Supplemental Application**

d. Percentage of policies written on a direct bill basis	%
e. Percentage of gross written premium placed through a state administered fund	%
f. Percentage of business written through MGA's/MGU's, other brokers or intermediaries	%

16) Are you affiliated with a broker/dealer? Yes No
 If yes, please provide details below:

17) Does the applicant perform any of the following activities?

	Yes	No	Revenues/Income
a. Reinsurance Intermediary	Yes	No	\$
b. Third Party Administrator	Yes	No	\$
c. Claims Adjustment Services	Yes	No	\$
d. Policy Issuance	Yes	No	\$
e. Investment/Securities Advisor	Yes	No	\$
f. Actuarial Services	Yes	No	\$
g. Legal Advisor/Services	Yes	No	\$
h. Tax Advisor	Yes	No	\$

- | | | |
|---|-----|----|
| 21) Do you ever sign any application forms for your clients?
If yes, please provide details for when this may occur and how often: | Yes | No |
| 22) Do you always get a written sign-off from your client when they choose not to purchase any recommended coverage?
If no, please advise on how declination for such coverage is documented in your files: | Yes | No |
| 23) Do you always disclose any fees charged to the clients before binding policies?
If no, please explain: | Yes | No |
| 24) Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production?
If yes, please provide details below: | Yes | No |
| 25) a. Has any prospective insured, or any of its employees, directors, officers or partners ever been subject to an investigation by state regulatory agency, administrative agency and/or an insurance department investigation or inquiry, or disciplinary investigation or proceeding in any way?
If yes, please provide an explanation: | Yes | No |
| b. Has any prospective insured, or any of its employees, directors, officers or partners ever had their license revoked, suspended, or been fined or disciplined by a state or regulatory department? | Yes | No |
| 26) Has any application for Professional Liability insurance made by or 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 or has the insurance been cancelled or renewal refused within the last five (5) years? | Yes | No |
| 27) 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?
If yes, a Supplemental Claim Information Form MUST be completed and attached. | Yes | No |
| 28) 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?
If yes, please provide details: | Yes | No |

29) List Errors and Omissions Carriers/information for the last five (5) years. (If none, click here)

Insurance Carrier	Policy Period	Limits	Deductible	Premium

30) What is the retroactive date (mm/dd/yy) of your current Professional Liability policy?

SECTION IV – CYBER/TECHNOLOGY

31) Does the applicant currently have or has ever had insurance coverage for Cyber Liability.

If yes, please specify carrier and coverage dates.

Yes No

32) Please describe security measures utilized to protect your computer network and systems:

33) a. Do you utilize encryption for electronic data at rest?

Yes No

b. Do you utilize encryption for data transmitted via wireless?

Yes No

34) Please describe security measures and procedures used to protect sensitive data in your care, custody and control:

35) Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.):

36) Have you experienced any security breaches or data loss events?

If yes, please explain the specifics and any action taken to prevent recurrence:

Yes No

Additional Comments or Details:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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 FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: 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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.