



Personal Lines Insurance Agents Professional Liability

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION

All questions must be answered and application must be signed by applicant.

NOTICE: This is a Claims Made and reported Coverage Form. This Policy covers only those Claims first made against any Insured during the Policy Period or the Extended Reporting Period, if purchased. PLEASE READ YOUR POLICY CAREFULLY.

I. AGENCY DETAILS

1. Applicant name:
Home office address:
City: State: Zip code:
Phone: Fax: Website:

2. a. Is the applicant a:
b. Does the applicant have any branch offices or subsidiaries?
c. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?
d. During the past five years has the name of the firm been changed or has any other business been acquired, merged into, or consolidated with the original firm?

3. Date agency was established
a. If applicable, date principal of applicant was first licensed as a property/casualty agent or broker
b. If applicable, date principal of applicant was first licensed as a life/health agent or broker

4. Total number of personnel for each category:
Full time Part time
Licensed agents and brokers (employees and principals)
Licensed agents and brokers (independent contractors)
Clerical
Other (please specify)

II. AGENCY OPERATIONS

5. Please give the approximate percentage breakdown of the total of your premium volume and fees as:
Retail Agent
Retail Broker
Wholesale Broker
Other

6. Do you derive income from any activity/profession other than the sale of insurance products?
7. a. Do you currently act or have you acted in the past five years as an MGA, third party administrator, reinsurance intermediary?
b. Do you provide services for a fee as a risk manager/consultant?

III. PREMIUM VOLUME INFORMATION

8. List ALL insurance companies with which your agency places business: (use attachment if necessary)

If applicant is a new entity, please list the companies the applicant plans to use.

| Insurance Company | Total Annual Premium Volume | AM Best Rating |
|-------------------|-----------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Are there any insurance carriers with which agency contracts have been terminated in the last five years and with which 25% or more of your annual premium was placed? Yes No

(If "Yes," attach an explanation for each termination.)

10. Breakdown of annual written premium volume by line of coverage, and gross receipts if applicable as of this date

Date: ____/____/____ Commission receipts, latest 12-month period: _____

By signing this application, the Applicant represents that the written premium figures, and gross receipts if applicable provided in question 10 are an accurate reflection of written premium at the time of signing the application. The Applicant further agrees to provide, at the Company's request, full disclosure of the agency's books and records for premium audit purposes. If an audit reveals a material change in premium than stated on the application, then the company is entitled to collect additional earned premiums, cancel or rescind coverage. If the Applicant is a new entity a projection of the next 12 months of written premium volume should be completed. These projections would not be subject to an audit.

10a. **PERSONAL LINES Premium Volume:** Volume

| | |
|--|-----------------|
| Automobile - Standard | \$ _____ |
| Automobile - Non-standard (including Assigned risk, JUA'S, etc.) | \$ _____ |
| Homeowners - Standard | \$ _____ |
| Homeowners - Non-standard (including Fair Plans) | \$ _____ |
| Personal umbrella | \$ _____ |
| Mobile homes | \$ _____ |
| Other (describe) | \$ _____ |
| TOTAL PERSONAL LINES | \$ _____ |

| | |
|-------------------------------|-----------------|
| Risk retention plans | \$ _____ |
| Crop/Hail | \$ _____ |
| Livestock | \$ _____ |
| Other (Describe) | \$ _____ |
| TOTAL COMMERCIAL LINES | \$ _____ |

10b. **COMMERCIAL LINES:**

| | |
|---------------------------------------|----------|
| Workers compensation | \$ _____ |
| Trucking (including livery) | \$ _____ |
| Commercial auto: | |
| Small business/Non-fleet | \$ _____ |
| Fleet/Other | \$ _____ |
| Commercial general liability | \$ _____ |
| Commercial package including: | |
| Commercial property | \$ _____ |
| Ocean/Wet marine | \$ _____ |
| Inland marine | \$ _____ |
| Bonds | \$ _____ |
| Aviation | \$ _____ |
| Commercial umbrella/Excess | \$ _____ |
| Physicians, hospitals & professionals | \$ _____ |
| Professional liability, other | \$ _____ |

10c. **LIFE/ACCIDENT/HEALTH LINES:**

| | |
|---|-----------------|
| Life, individual | \$ _____ |
| Life, group: | \$ _____ |
| Individually underwritten | \$ _____ |
| Guaranteed issue | \$ _____ |
| Accident, disability & health, individual | \$ _____ |
| Accident, disability & health, group | \$ _____ |
| Individually underwritten | \$ _____ |
| Guaranteed issue | \$ _____ |
| Fixed annuities | \$ _____ |
| TOTAL LIFE/ACCIDENT/HEALTH LINES | \$ _____ |
| TOTAL PREMIUM VOLUME ALL LINES | \$ _____ |

10d. **FINANCIAL SERVICES INCOME**

List total gross receipts for the past twelve months for the following activities:

| | |
|---------------------------|----------|
| Variable life | \$ _____ |
| Variable annuities | \$ _____ |
| Mutual funds | \$ _____ |
| Stocks | \$ _____ |
| Bonds | \$ _____ |
| Commodities | \$ _____ |
| Financial plans for a fee | \$ _____ |

11. Is the applicant a captive agent? Yes No
 Is applicant employed by any insurance company? Yes No
 If "Yes" to either, please answer the following:
 a. Please list the name of this company: _____
 b. Is professional liability already provided for business placed with this company? Yes No
12. Does the total insured value of any commercial property or inland marine account written by the applicant exceed \$1.5 million? Yes No
 (If yes, please attach a list of accounts including the total insured value)

ONLY ANSWER QUESTIONS #13-16 IF VOLUME IS LISTED UNDER QUESTION #10c (LIFE/ACCIDENT/HEALTH LINES).

13. How many times in the past 12 months have you replaced an existing life insurance policy with a new policy? _____
 Why were these policies replaced? _____
14. Is applicant involved in the sale, ownership, formulation, creation, administration, or operation of any self-insurance fund or program, Multiple Employer Trust, Multiple Employer Welfare Arrangement, pool, syndicate, association or other combination formed for the purpose of providing insurance or benefits when they are not fully funded by an insurance product? Yes No
 If "Yes," advise details _____
15. Is the applicant involved in any life settlement activity? Yes No
16. If you place or service any group life, accident or health insurance, what is the largest plan (based on number of participants) that you handle? _____

ONLY ANSWER QUESTIONS #17-19 IF INCOME IS LISTED UNDER QUESTION #10d (FINANCIAL SERVICES)

17. Do you have discretionary control of any clients' assets? Yes No
 If "Yes," indicate the number of clients and the value of assets controlled: _____
18. Are you involved in the sale of structured settlement annuities? Yes No
19. Do you have any involvement in the development or solicitation of general or limited partnerships? Yes No
 If "Yes," provide full details: _____

IV. CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

20. During the past five five years, has any claim been made or suit brought against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? Yes No
 (If "Yes," provide details on the separate supplemental claims application)
21. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees, or independent contractors? Yes No
 (If "Yes," provide details on the separate supplemental claims application)
22. In the past five years, has the applicant initiated litigation versus any carrier? Yes No

V. INSURANCE COVERAGE INFORMATION

23. Has the applicant been the subject of any reportings/complaints to a Better Business Bureau, Federal Trade Commission or any other consumer protection group? Yes No
24. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any state insurance department? Yes No
 (If "Yes," please attach an explanation.)
25. During the past five years, has any director, officer, partner, employee or independent contractor ever been declined, cancelled or refused renewal of their fidelity or surety bond? Yes No
 If "Yes," provide full details: _____

26. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No

(If "Yes," please attach an explanation.)

27. Please provide the following information on your professional liability insurance for the past three years:

| Name of Insurer | Limit | Deductible | Policy Period | Premium |
|-----------------|----------|------------|---------------|----------|
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ |

28. Retroactive date of current policy (if any): _____/_____/_____

29. Have you ever purchased "Extended Discovery/Reporting Period" coverage ("tail") from any prior insurer? Yes No

(If "Yes," please attach an explanation.)

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the Extended Reporting Period. If you do not elect this option, the limit of liability for the Extended Reporting Period shall be part of the and not in addition to limit specified in the policy declarations. If you have any questions regarding the cost of an Extended Reporting Period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kansas Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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 or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be subject to fines and confinement in prison.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Fraud Statement (All Other States): Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or any written statement as part of or in support of an application with the intent to defraud, may be guilty of a crime and may be subject to fines and confinement in prison.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa** or **Florida**, the states of New York, Iowa and Florida require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: _____

Address: _____

Agent or broker license number: _____

Agents signature: _____
(Required in New Hampshire)

Mail completed application through local agent or broker to: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Main exception: The Insurer is not permitted to withdraw any binder issued for applicants in the state of Maine.

Signature of applicant: _____
Must be signed by a principal, partner or officer of the firm

Date: _____ Title: _____