

## INSURANCE AGENTS AND BROKERS E. & O. APPLICATION

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

1. Name \_\_\_\_\_  Individual  
 (exactly as shown on license - attach copy of license)  Partnership  
 Corporation

D/B/A (if applicable): \_\_\_\_\_

2. P.O. Box: \_\_\_\_\_ Phone No: \_\_\_\_\_

Street Address: \_\_\_\_\_ FAX No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

**List additional locations on separate sheet, if necessary**

3. Do you ever, or do you anticipate offering your Professional Services to clients outside of the United States of America, its territories and possessions, or Canada?  
 Yes  No If yes, please supply full details including Territorial / Revenue splits.

**NB Coverage afforded hereunder is restricted to the United States of America, its territories and possessions, or Canada. An amendment to this limitation may be available at underwriters discretion**

4. List the following information and identify all owners, partners, officers, directors, and licensees: (attach separate sheet, if necessary)

Name	Residence Address	Date Of Birth	Title	Social Security #	Years Ins. Experience

5. Limit of Liability desired: \$ \_\_\_\_\_ each claim/aggregate Deductible \$ \_\_\_\_\_ each claim.

6. License Number(s): \_\_\_\_\_ Date First Licensed: \_\_\_\_\_ Date Firm Established \_\_\_\_\_

7. State Applicant's Annual Premium Volume, Gross Commission and Policy/Broker Fee Income:

	<b>Premiums</b>	<b>Commissions</b>	<b>Policy/Broker Fees</b>
Last 12 months:	_____	_____	_____
Est. next 12 months:	_____	_____	_____

7A. I) Did the Applicant have a Positive Net Income in the past 12 months

Yes       No

If No, Please advise steps being taken to correct negative income.

II) Please attach a copy of latest available financial report.

8. State the approximate breakdown of total annual volume for each column

**8a. Transacting as:**

Agent.....	_____ %
Broker.....	_____ %
Surplus Lines Broker.....	_____ %
Managing General Agent.....	_____ %
Underwriting Manager.....	_____ %
Program Manager.....	_____ %
Fee Consultant.....	_____ %
Life - Health Agent/Broker....	_____ %
Adjuster.....	_____ %
Appraiser.....	_____ %
Financial Planner.....	_____ %
Reinsurance Broker.....	_____ %
Other (Explain).....	_____ %

**MUST TOTAL      100%**

**8b. Lines of business:**

Commercial Fire & Inland Marine.....	_____ %
Commercial General/Excess Liab.....	_____ %
Commercial Auto/Garage/Dealers....	_____ %
Professional Liability.....	_____ %
Workers Comp.....	_____ %
Ocean Marine.....	_____ %
Aviation.....	_____ %
Surety.....	_____ %
Homeowners/Dwelling Fire.....	_____ %
Personal Auto.....	_____ %
Personal Floaters.....	_____ %
Life/Accident/Health/Group.....	_____ %
Other (Explain).....	_____ %

**MUST TOTAL      100%**

8c. Business written directly for your own insureds..... \_\_\_\_\_ %

Business accepted from other agents and brokers..... \_\_\_\_\_ %

Percentage of business which is direct billed by carriers:

Auto \_\_\_\_\_ %    Homeowners \_\_\_\_\_ %    Commercial \_\_\_\_\_ %    Other \_\_\_\_\_ %

9a. Name all Companies the applicant represents under direct Agent or Broker Agreements:

Company	Address	Date Appointed	Lines of Business	Volume

9b. List General Agents, MGA's and Surplus Line Brokers with whom you place business:

Name	Lines of Business	Companies Used	Volume

9c. State percentage of business written through:

Assigned Risk or State Fund Pools: \_\_\_\_\_% Risk Purchasing Groups: \_\_\_\_\_%

Risk Retention Groups: \_\_\_\_\_% Alien Non-Admitted Carriers: \_\_\_%

10. Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

11. Name all companies for which the applicant act as G.A., Managing General Agent or Underwriting Manager: \_\_\_\_\_

12. Specify the maximum limit(s) the applicant is authorised to bind:

	AMOUNT		AMOUNT
Fire.....	\$ _____	Auto Physical Damage.....	\$ _____
General Liability....	\$ _____	Homeowners.....	\$ _____
Auto Liability.....	\$ _____	Excess Liability.....	\$ _____

13a. Does agency specialize in writing any class of risk (Example: Auto Dealers, Contractors, Truckers, etc.)?  Yes  No If yes, what class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13b. How long writing this class\_\_\_\_years.

13c. Percentage of Agency's Volume\_\_\_\_%

13d. What Markets used:\_\_\_\_\_

14a. NUMBER OF STAFF:	FULL TIME	PART TIME
Principals	_____	_____
Agents/Brokers/Solicitors (Not listed as principals)	_____	_____
Service/Raters	_____	_____
Accounting/Book keeping	_____	_____
Clerical/Filing	_____	_____
Independent Contractors (Not Salaried Employees)	_____	_____
Do you want coverage for them <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (explain)	_____	_____
Total	_____	_____

14b. Do persons responsible for the transaction of insurance speak and write English?  
 Yes  No What other languages are spoken in your office or with your clients?\_\_\_\_\_

15a. Does the agency utilize any form of computer or automation system?  Yes  No

15b. What type:  In House  Batch  Manual  Other - explain:\_\_\_\_\_

15c. Name of Automation Vendor:\_\_\_\_\_

15d. Name of Software System and Program:\_\_\_\_\_

15e. Version:\_\_\_\_\_ Date of Installation:\_\_\_\_\_

15f.  Hardware:  Single User  Multi-user  Number of Stations:\_\_\_\_\_

- Accounting                       Claims                       Renewal Lists
- Rating                               MVR's                       Applications
- Policy Information               Policy Issuance           Financing
- Word Processing                 Other (explain \_\_\_\_\_)

16. List all State approved or Professional Association sponsored insurance continuing education courses or seminars attended by agency Principal and Licensees during the past 12 months:\_\_\_\_\_

17a. List all Professional Liability, "E. & O." or Legal Expense insurance carried during the past five years. If none, state "None".

INSURANCE CO	LIMITS OF LIABILITY	DEDUCTIBLE (IF ANY)	PREMIUM	INCEPTION M/D/Y	EXPIRATION M/D/Y	CLAIMS	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

17b. Retroactive Date of current policy: \_\_\_\_\_

18. Have any claim 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, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments and open reserves).

19. 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 explanation).

20. Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or cancelled, or renewal of such insurance been refused?  Yes  No (if yes, explain) \_\_\_\_\_

21. 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 explanation).

22. Indicate all Insurance Professional Association of which you are a member:  
 IIAA  PIA  American Agents Alliance  WAIB  AAMGA  NAPSLO  
 Other \_\_\_\_\_

23. The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

24. The applicant accepts notice that any policy issued will: 1. Only apply on a "claims made" basis and that the deductible will apply to loss payment and (whether or not loss payment is made) to claims expense, as those terms are defined in the Policy; 2. Not insure against damages resulting from any claim or claim expense, as that term is defined in the policy, alleged to have occurred prior to the Inception Date of the policy unless the Underwriter shall agree to insure damages resulting from claim or claim expense alleged to have occurred prior to the inception Dated but after an agreed upon Retroactive Date, and;

THE LIMITS OF LIABILITY STATED IN THE POLICY INCLUDE THE COSTS OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE UNDERWRITERS SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE 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 authorises the Underwriters, and/or their representatives by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any source including consumer credit information, which the Underwriters deem important in the underwriting of the insurance applied for by this application.

(Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application

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

Name of Applicant \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or President

\_\_\_\_\_  
Title

SUPPLEMENTAL CLAIM INFORMATION FORM  
APPLICANTS INSTRUCTIONS:

This form is to be completed by Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

If space is insufficient to answer any question fully, attach separate sheet.

Answer all question completely.

1. Full name of Applicant: \_\_\_\_\_
2. Full name of individual(s) or firm involved in claim: \_\_\_\_\_
3. Full name of Claimant: \_\_\_\_\_
4. Indicate whether: Claim/Suit ( ) or Incident ( )
5. Date of alleged error: \_\_\_\_\_
6. Date of claim: \_\_\_\_\_
  
7. (a) Description of claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required to include a copy of the complain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
(b) Description of case and events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Additional defendants: \_\_\_\_\_
  
9. IF CLOSED:  
  
Total loss Paid including Deductible: \$ \_\_\_\_\_  
  
Indicate whether: Court judgment ( ) or Out-of-court settlement ( )
  
10. IF PENDING  
  
Claimant's settlement demand \$ \_\_\_\_\_  
Defendant's offer for settlement \$ \_\_\_\_\_  
Insurer's loss reserve \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_  
  
Is claim in Suit? Yes ( ) No ( )  
  
If yes, Amount asked in complaint \$ \_\_\_\_\_
  
11. Name of insurer: \_\_\_\_\_

I understand that the information submitted herein becomes a part of my professional Liability Application and is subject to the same certifications, warranties and conditions.

Applicant's Full Name: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_