

**APPLICATION FOR
 INSURANCE AGENT'S AND BROKER'S
 PROFESSIONAL LIABILITY INSURANCE
 (CLAIMS-MADE FORM)**

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

Street Address: _____
 City: _____ State: _____ Zip: _____
 Date Established: _____ Website: _____

2. Is the Applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No (If yes, please attach details).
3. During the past 5 years has the name of the firm been changed or has any other entity or book of business been acquired, merged into, or consolidated with the original firm? Yes No (If yes, please attach details).
4. Does the Applicant specialize or focus its operations on one or more industries or lines of business? Yes No If Yes, please explain _____

5. A) Please give the approximate percentage of your business. (Must total 100%)

P&C Agent – direct with insurance company	%
P&C Broker or for another agency/broker	%
P&C Broker through other agents/brokers/MGA or wholesalers	%
P&C Wholesaler for another agent/broker	%
MGA for other agents/brokers/wholesalers	%
Life Broker/Agent	%
Life General Agent	%
Accident & Health Broker/Agent	%
Accident & Health General Agent	%
other (describe):	%
other (describe):	%

B) Please give the approximate percentage of total annual income.(Must total 100%)

Insurance Commissions	%
Claims Adjusting	%
Third Party Administration	%
Consulting	%
Financial Planning	%
Marketing for others for a fee	%
Premium Financing for agency Insureds	%
Premium Financing for non-agency Insureds	%
Real Estate Sales	%
Safety/Loss Control Engineering for a fee	%
Mutual Fund Sales	%
-other (describe)-	%
-other (describe)-	%

6. Breakdown of New and Renewal Business:

(annual commissions should include gross commissions).

a. Personal Lines	Annual Premium Volume	Annual Commissions
Auto		
Auto –Assigned Risk		
Dwelling		
Mobile Home		
Flood/Wind/Hail		
other(specify):		
other(specify):		
Total Personal Lines		

b. Life Accident & Health Lines:	Annual Premium Volume	Annual Commissions
Individual Life		
Group Life		
Individual A&H		
Group A&H		
Pension Plan(s)		
Securities		
Annuities		
other(specify):		
other(specify):		
Total Life, A&H Lines		

c. P&C Commercial Lines	Annual Premium Volume	Annual Commissions
General P&C		
Intermediate/Long Haul Trucking		
Aviation		
Wet Marine		
Inland Marine		
B&M		
Workers Comp./Retrospective Rated		
Workers Compensation/other		
Bonds		
Assigned Risk/Gov't Pool/Fair Plan		
Directors & Officers		
EPLI		
Professional Liability		
Medical Malpractice Liability		
Umbrella		
other(specify):		
Total P&C Commercial Lines		

7. **PREMIUM VOLUME** **ANNUAL REVENUES :**
 Current Year: _____ \$ _____ \$ _____
 Estimate Next
 Year: _____ \$ _____ \$ _____

8. **Staff: Please provide the following:**

<u>Name of Partners and Principals, Designations</u>	Years in Insurance	Years with Applicant

of Agents/Brokers : employed _____ Independent _____

Indicate percentage of experience of employed/independent Agents/Brokers:

_____ % Less than 1 yr. _____ % 1-5 yrs. _____ % 5+ yrs

Total Staff: _____

9. Please list top five (5) insurers (including companies, syndicates, captives, etc) with which the Applicant has placed during the past year:

Insurer	Years Represented	Current Annual Premium Volume

10. Please provide premium volume of all non-admitted business placed by you direct or through another Brokers/MGAs/Wholesalers? \$ _____

11. Is Applicant currently involved, or within the past 3 years been involved in the formation, management or administration of a Self-Insured Trust, Insurance Pool, Risk Retention Group, Health Maintenance Organization, or any other self-insured risk assuming entity?
 Yes No If Yes, on a separate attachment please provide details.

12. Is Applicant currently involved or within the past 3 years been involved with the sale, placement or negotiation of specific and/or aggregate stop loss insurance or any reinsurance? Yes No If Yes, on a separate attachment please provide details.

13. Within the last 5 years have you placed any business in any insurance company or any other risk-assuming entity that ceased operations or was declared insolvent, put into receivership, bankruptcy, liquidation or rehabilitation? Yes No If Yes, on a separate attachment please provide the name of the entity, year insolvency occurred, premium volume at the time insolvency occurred, action taken to replace this book, and whether or not there are any pending claims.

14. Does Applicant have written procedures/policies:
- a. for documenting files, including phone calls? Yes No
 - b. on policy review before releasing to insureds? Yes No
 - c. for placing business with carriers A.M. Best Rated less than A-? Yes No
 - d. on date-stamping all incoming mail? Yes No
 - e. on confirming verbal binders in writing? Yes No
 - f. document a client's refusal of coverage/limits/recommendations? Yes No

15. In the last 5 years has Applicant been censured, fined, had any license suspended or revoked, or been otherwise disciplined by any insurance regulatory authority? Yes No If Yes. provide complete details on a separate attachment.

16. Have any claims, suits, or proceedings been made during the past five years against the Applicant? Yes No If Yes, provide complete details on a separate attachment, along with 5 years currently valued carrier loss runs.

17. After inquiry, is the Applicant, any director, officer, partner or employee or any other person for whom coverage is requested, aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? Yes No If Yes. provide complete details on a separate attachment.

18. During the past 5 years has any application for Professional Liability insurance made on behalf of the Applicant been declined or has any such insurance been cancelled or refused renewal? Yes No If Yes. provide complete details on a separate attachment.

19. List Professional Liability coverage for the past three (3) years. If none, check here .

Carrier	Limit - claim/agg	Deductible	Premium	Exp. Date	Retro Date
	\$	\$	\$		
	\$	\$	\$		

20. Limits/Deductible requested: _____

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell to the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant

Date

Title (Officer/Principal/Partner)