



INSURANCE BROKER'S PROFESSIONAL LIABILITY INSURANCE APPLICATION FORM

Newly Licensed Agents Only

THIS COVERAGE IS SPECIFICALLY DESIGNED FOR INSURANCE AGENTS LICENSED LESS THAN THREE YEARS.

OTHER ELIGIBILITY PARAMETERS:

- Generates under \$150,000 in annual commissions
No placement of accounts in non-admitted markets.
No involvement with: Multiple Employer Welfare Arrangements (MEWAs), Multiple Employer Trusts (METs), Risk Purchasing Groups (RPGs), or captives.
All direct-to-insurer placements made to carriers rated "A" or above.
No Life/Accident & Health placements
Not available for risks domiciled in: AK, HI, MS, LA.
No previous claims history—from either P&C or Life/A&H activities

NOTICE: This is an Application for a Claims-made Policy. ALL QUESTIONS must be answered fully. LEAVE NO blank spaces, use N/A or 0 (zero) where applicable. ATTACH additional sheets as necessary.

A Name of Applicant
DBA (If Applicable)
Applicant Address
City State Zip
Phone ( ) Fax ( ) E-Mail

B Applicant is (check one): Corporation Partnership Sole Proprietorship Other (describe):

C Date Applicant P&C Licensed: Is Applicant employed by, affiliated with, or in any way associated with any other insurance agency? Yes No If yes, provide full name and address:

D Please provide: Table with columns LAST 12 MONTH and ESTIMATED NEXT 12 MONTHS. Rows include Total P&C Gross Premiums Written Annually, Total Gross Annual P&C Commissions, Total Gross Annual Life/A&H Commissions, and Total Income Derived From Other Activities.

E If the Applicant is involved in any of the following, please show percentage of total revenue generated from each activity: Real Estate, Mutual Funds, Premium Financing, Law Practice, Accounting/Bookkeeping, Life/Accident & Health, Investment Services, Claims Adjusting, Loss Prevention Engineering, Insurance Consulting/Advising.

NOTE: NO coverage will be provided for these activities unless specifically agreed by endorsement to the policy.

F What is the annual percentage breakdown by line of business of the applicant's P&C annual commission income (all lines)?

<b>PERSONAL LINES</b> _____ a. auto standard ..... _____ % b. auto non-standard _____ % c. property (dwelling) _____ % d. watercraft ..... _____ % e. umbrella ..... _____ % f. other (describe): _____ _____ %	<b>COMMERCIAL LINES</b> _____ g. commercial auto ..... _____ % h. BOP/CGL/package ..... _____ % i. umbrella/excess ..... _____ % j. property coverage ..... _____ % k. crop coverage ..... _____ % l. workers compensation _____ % m. wet marine ..... _____ % n. inland marine ..... _____ %	o. livestock/mortality ..... _____ % p. medical malpractice ..... _____ % q. professional liability non-medical _____ % r. directors & officers ..... _____ % s. aviation ..... _____ % t. bonds ..... _____ % u. short/long haul trucking _____ % v. other (describe): _____ %
<b>TOTAL PERSONAL + COMMERCIAL LINES..... 100 %</b>		

G List the top four insurance companies by premium volume with which you place business and show the percentage dollar volume placed with each:

INSURANCE COMPANY	% VOLUME PLACED	CURRENT BEST RATING
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

- H Does the Applicant write any business on a non-admitted/surplus lines basis? .....  Yes  No
- I What percentage of the applicant's business is:  
 a. Received direct from insureds? \_\_\_\_\_ %    b. accepted from other producers? \_\_\_\_\_ %
- J Does the Applicant have any underwriting or binding authorities? .....  Yes  No
- K Does the Applicant place coverage or have any involvement with Self Insured/Captives, Risk Retention Groups (RRGs), Risk Purchasing Groups (RPGs), Multiple Employer Trusts (METs), or Multiple Employer Welfare Arrangements (MEWA)?  Yes  No
- L Does the Applicant act as a Managing General Agency (MGA), Managing General Underwriter (MGU), or Wholesaler?  Yes  No
- M Does the Applicant participate in any agency network or cluster arrangements? .....  Yes  No

**PRIOR LOSS HISTORY**

- A Has the Applicant ever been the subject of a disciplinary action as a result of professional services, had any errors & omissions claims made against them in the past, or have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim? .....  Yes  No *If "Yes" provide details on separate sheet.*
- B Has the applicant ever had errors & omissions or professional liability insurance cancelled or non-renewed for any reason? .....  Yes  No
- C Does the applicant currently have Errors & Omissions coverage in force? .....  Yes  No  
*If "Yes", attach copy of most recent declarations page.*

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED, OR MISSTATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE APPLICANT(S) OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER, OR PARTNER.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_