

**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:

	LAST 12 MONTH	ESTIMATED NEXT 12 MONTHS
a. Total P&C Gross Premiums Written Annually.....	\$ _____	\$ _____
b. Total Gross Annual P&C Commissions.....	\$ _____	\$ _____
c. Total Gross Annual Life/A&H Commissions.....	\$ _____	\$ _____
d. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Life/Accident & Health <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Investment Services <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Premium Financing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Claims Adjusting <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Law Practice <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Loss Prevention Engineering <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Accounting/Bookkeeping <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Insurance Consulting/Advising <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Other <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If "Yes" please describe</i>): _____ %	

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)?

PERSONAL LINES _____ a. auto standard _____ % b. auto non-standard _____ % c. property (dwelling) _____ % d. watercraft _____ % e. umbrella _____ % f. other (describe): _____ _____ %	COMMERCIAL LINES _____ 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): _____ %
TOTAL PERSONAL + COMMERCIAL LINES..... 100 %		

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 _____