

MISCELLANEOUS PROFESSIONAL LIABILITY

SUPPLEMENTAL APPLICATION FOR INSURANCE AGENTS AND BROKERS

1. Name of Applicant: _____

2. Please give the approximate percentage breakdown of the total of your premium volume and fees as:

Agent	_____ %
Broker	_____ %
Managing General Agency	_____ %
Reinsurance Intermediary	_____ %
Excess or Surplus Lines Broker	_____ %
Consultant (for fee)	_____ %
Risk Manager (for fee)	_____ %
Third Party Administrator (for fee)	_____ %
Other (explain below)	_____ %
MUST TOTAL	100%

Other: _____

3. **LINES OF BUSINESS WRITTEN AND INSURANCE OPERATIONS OF APPLICANT:** Please indicate what lines of business and other insurance operations make up the premium volume written by the Applicant during the past year broken into five (5) major areas:

Standard Business	_____ %
Non-Standard and Surplus Lines Business	_____ %
Consulting and/or Risk Management Services	_____ %
Life and Health Products	_____ %
Third Party Administration	_____ %
TOTAL	_____ %

A. Standard Business

Total Standard Commissions	\$ _____
Total additional income (such as contingent commission)	\$ _____

B. Nonstandard and Surplus Lines Business: Nonstandard business includes Surplus Lines, Brokerage Business from other agents or brokers, Fair Plans, Government Pools, and other distressed business the Applicant controls or processes.

Total Nonstandard Business commissions:

Personal Lines	\$ _____
Commercial Lines	\$ _____

C. Consulting and/or Risk Management Services

(i) Does the Applicant engage in Risk Management Consulting?..... Yes No

If yes, describe what type of consulting is performed:

Enclose a copy of one of your surveys and written reports completed for a commercial account.

(ii) Annual Income from Risk Management services.....\$_____

(iii) Does Applicant perform Loss Control, OSHA, Loss Prevention or Safety Inspection services? Yes No

If yes, please provide the number of personnel employed, their credentials and their work history. Specify service performed:

(iv) Annual Income from Loss Control, OSHA, Loss Prevention or Safety Inspection services:\$_____

D. Life and Accident & Health Products

Annual Commissions.....\$_____

E. Third Party Administrator

Does the Applicant act as a *third party administrator* (TPA)?..... Yes No

*If yes, how many staff members are involved in the TPA operations?*_____

If yes, state what work is performed for what class of business and attach a copy of the contract(s) used. Please use additional sheet of paper if necessary:

Annual Income from TPA services::\$_____

4. Total All Commissions & Other Income:\$_____

5. Premium Volume of business by line:

A. Life and A&H:.....\$_____

B. Standard Personal Lines:

Automobile.....\$_____

Homeowners.....\$_____

C. Other Standard Personal Lines (by line):

.....\$_____

.....\$_____

.....\$_____

TOTAL Standard Personal Lines (B & C).....\$_____

D. Standard Commercial Lines

Worker's Compensation	\$ _____
Commercial Auto	\$ _____
Commercial Multi-peril	\$ _____
Inland Marine	\$ _____
Wet Marine	\$ _____
Other Commercial Property	\$ _____
Bonds — Surety	\$ _____
Bonds all other	\$ _____
Aviation	\$ _____
Umbrella/Excess	\$ _____
Physicians & Hospitals	\$ _____
Professional Liability	\$ _____
Other Professional Liability/D&O	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL Standard Commercial Lines	\$ _____

E. Nonstandard Business:

Nonstandard Personal Lines	\$ _____
Nonstandard Commercial Auto	\$ _____
Brokerage business from other agents or brokers	\$ _____

F. Assigned Risk, Governmental:

Pool and Fair Plan	\$ _____
Surplus Lines	\$ _____
Other	\$ _____
TOTAL Nonstandard Lines (E & F)	\$ _____

TOTAL ALL Premium produced (A-F) MUST EQUAL 100%.....\$ _____

6. Please provide the number of licensed agents, licensed brokers, licensed solicitors, partners and officers of the corporation active in the business and considered employed (FICA taxes are paid by the Applicant). Please provide information via attachment regarding personnel, their education, work history and professional experience:

7. Wholesale — Retail: What percentage of Applicant's annual premium volume is placed as a wholesaler and what percentage is placed as a retailer?

Wholesaler _____% Retailer _____%

IF THIS IS A RENEWAL OF THE **INSURER**, SKIP QUESTIONS **8 & 9**.

8. Does any person to be insured have knowledge of any fact, circumstance or situation or act, error or omission which might reasonably be expected to give rise to a **Claim** against him or the Applicant under the proposed policy? Yes No

If yes, please attach an explanation on a separate sheet of paper.

9. Has any **Claim** or **Claims** been made against the Applicant or any person to be insured during the last three years? Yes No

*If yes, please attach an explanation of each such **Claim** on a separate sheet of paper.*

THE APPLICANT UNDERSTANDS THAT THE INFORMATION SUBMITTED HEREIN SHALL BECOME A PART OF THE **APPLICATION** ATTACHED HERETO.

APPLICANT'S AUTHORIZED SIGNATURE: _____

APPLICANT'S TITLE: _____

DATE: _____



INSURANCE AGENTS & BROKERS MISCELLANEOUS PROFESSIONAL LIABILITY

ERRORS & OMISSIONS APPLICATION

NOTICE: THIS IS AN **APPLICATION** FOR A CLAIMS-MADE AND REPORTED POLICY WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY **CLAIM** FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** FOR **WRONGFUL ACTS** COMMITTED OR ALLEGEDLY COMMITTED ON OR AFTER THE **RETROACTIVE DATE**. THE LIMIT OF LIABILITY AVAILABLE TO PAY **DAMAGES** SHALL BE REDUCED BY AMOUNTS INCURRED AS **CLAIM EXPENSES**, AND SUCH **CLAIM EXPENSES** SHALL BE SUBJECT TO THE APPLICABLE DEDUCTIBLE. DEPENDING ON THE INFORMATION PROVIDED BY THE APPLICANT, IT MAY BE NECESSARY FOR THE APPLICANT TO RESPOND TO ADDITIONAL WRITTEN QUESTIONS WHICH WOULD FORM PART OF THIS **APPLICATION**.

1. Name of Applicant: _____

2. Address: _____

3. Web Site Address: www. _____ .com .net .org (check one)

4. a. Status: (check one):
 Corporation Partnership Individual Other

b. Date firm was established: _____

5. Please describe in detail the services provided for which coverage is desired (include percent of total receipts):

<u>Service</u>	<u>% of Total</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Are there other services provided by the Applicant? Yes No

If yes, please list services:

7. Please provide the total gross receipts for services listed in Question 5:

a. Current projected 12 months \$ _____

b. Last 12 months \$ _____

c. One year prior \$ _____

8. Please list the Applicant's five (5) largest jobs over the past three (3) years:

<u>Client Name</u>	<u>Services Provided</u>	<u>Revenue/One Year</u>

9. Does the Applicant firm have any subsidiaries or affiliates for which coverage is desired? Yes No

a. If yes, please provide the following for each by attachment:

- i. Name
- ii. Description of operations
- iii. Percentage of ownership by the Applicant or, if not applicable, description of affiliation with the Applicant.

b. Is the Applicant firm controlled, owned or associated with any other firm, corporation or company? Yes No

c. Are any activities listed in Question 5 of this application provided to such an affiliated enterprise? Yes No

If yes, please attach an explanation.

10. Please provide the following:

- a. Number of principals, officers and partners of the firm _____
- b. Number of other professional employees _____
- c. Number of non-professional employees (clerks, secretaries, etc.) _____

11. Please list (If necessary, please attach information on separate attachment):

a. professional **associations** to which the Applicant belongs:

b. professional **designations** held by any principals, owners or staff:

c. professional **licenses** held by any principals, owners or staff:

12. Does the Applicant use a written contract with all clients? Yes No

a. If not, approximately what percent of time are contracts not used? _____ %

b. Please explain why contracts are not used:

c. Are contracts reviewed by legal counsel? Yes No

d. Does the Applicant have procedures to ensure compliance with Federal, State and Local Statutes? Yes No

If yes, please attach a copy of the procedure or provide a detailed description on a separate sheet.

e. Does the applicant's contract contain the following?

No 1. Hold Harmless or indemnity agreements? Yes

No 2. In Applicant's favor? Yes

No 3. Acceptance of consequential damages? Yes

13. A. Has a client ever refused to pay for services rendered by applicant? Yes
No

If yes describe: _____

B. What is the customer's potential for consequential damages and resulting monetary loss due to product or service failure by your company?

14. What percentage of the Applicant's business involves subcontracting of work to others? _____%

If so, does the Applicant require evidence of professional liability insurance from subcontractors? Yes No

15. Does the Applicant have a procedure for following up on complaints? Yes No

If yes, please attach a copy.

16. Please list all prior professional liability insurance coverage:

<u>Insurer</u>	<u>Limit Carried</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. If coverage is currently in force, what is the retroactive date? _____

b. Has any application for any other 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, please explain. _____

c. Does the Applicant currently maintain General Liability coverage? Yes No

If yes: Carrier _____
Limit of Liability _____ Effective Dates _____

16. a. Limit of Liability desired:

- _____ \$250,000 _____ \$2,000,000
- _____ \$500,000 _____ \$5,000,000
- _____ \$1,000,000 _____ Other \$ _____

b. Deductible desired:

_____ \$2,500

_____ \$25,000

_____ \$5,000

_____ Other \$ _____

_____ \$10,000

17. Has the Applicant or any of its principals, partners, officers or directors been the subject of any disciplinary action by the authorities or any professional association? Yes No

If yes, please explain: _____

18. Does any person to be insured have knowledge of any fact, circumstance or situation or act, error or omission which may result in a **Claim** against him or the Applicant under the proposed policy? Yes No

If yes, please attach an explanation on a separate sheet of paper.

19. Has any **Claim** or **Claims** been made against the Applicant or any of its predecessors in business, or any of the past or present partners, owners, officers or employees during the last five years? Yes No

If yes, please attach an explanation of each such claim on a separate sheet of paper.

20. IT IS AGREED THAT WITH RESPECT TO QUESTIONS 17, 18, AND 19 THAT SUCH KNOWLEDGE OR INFORMATION EXISTS (WHETHER OR NOT DISCLOSED), IN ADDITION TO ANY OTHER REMEDY THAT THE **INSURER** MAY HAVE, ANY **CLAIM** ARISING THEREFROM WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.

21. Please attach the following materials:

- a. **Current annual report;**
- b. **Promotional materials or brochures;**
- c. **Resumes of the principals, if less than five (5) years of operation;**
- d. **A copy of a sample contract and/or engagement/proposal letter.**

THE APPLICANT DECLARES THAT THE PARTICULARS AND STATEMENTS MADE IN THIS **APPLICATION**, TOGETHER WITH ALL ATTACHMENTS TO THIS **APPLICATION** INCLUDING ANY SUPPLEMENTAL **APPLICATION** AND ANY OTHER MATERIALS SUBMITTED TO THE **INSURER** ARE TRUE AND CORRECT. THE APPLICANT AGREES THAT IF ANY OF THE INFORMATION CONTAINED IN THIS **APPLICATION**, OR ANY OTHER MATERIALS SUBMITTED TO THE **INSURER**, IS RENDERED INACCURATE OR INCOMPLETE AS A RESULT OF ANY CIRCUMSTANCE WHICH TAKES PLACE AFTER THE DATE OF THIS **APPLICATION**, THE APPLICANT WILL IMMEDIATELY NOTIFY **INSURER** OF SUCH CIRCUMSTANCE IN WRITING AND SHALL PROVIDE THE **INSURER** WITH THE INFORMATION NOT CONTAINED IN THE **APPLICATION**. THE **INSURER**, AT ITS SOLE DISCRETION, MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

SIGNING OF THIS **APPLICATION** DOES NOT BIND THE APPLICANT OR THE **INSURER** TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE **APPLICATION**, TOGETHER WITH ALL ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE **INSURER**, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. IT IS FURTHER AGREED THAT THE **APPLICATION** WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY AND THAT ALL ATTACHMENTS AND MATERIALS SUBMITTED THEREWITH (WHICH SHALL BE ON FILE WITH THE **INSURER** AND DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO) ARE TRUE AND ARE THE BASIS OF THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT BY AFFIXING HIS/HER SIGNATURE TO THIS STATEMENT THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, FOR **CLAIM EXPENSES** AND IN SUCH EVENT, THE **INSURER** SHALL NOT BE LIABLE FOR **CLAIM EXPENSES** OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

SIGNATURE OF APPLICANT: _____

PLEASE PRINT THE INFORMATION BELOW

APPLICANT'S NAME: _____

TITLE: _____

DATE: _____

PLEASE READ THE FOLLOWING CAREFULLY

WARNING

(NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, OREGON AND UTAH See Below)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OF ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

SIGNATURE OF APPLICANT: _____

APPLICABLE IN COLORADO

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.

SIGNATURE OF APPLICANT: _____

APPLICABLE IN HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

SIGNATURE OF APPLICANT: _____

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

SIGNATURE OF APPLICANT: _____

APPLICABLE IN OKLAHOMA

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.

SIGNATURE OF APPLICANT: _____