

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
 List additional locations on separate sheet, if necessary Effective Date: _____

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

NAME <input type="checkbox"/>	RESIDENCE ADDRESS	DATE OF BIRTH	TITLE	SOCIAL SECURITY #	YEARS INS. EXPERIENCE

4. Limit of Liability desired: \$ _____ each claim / aggregate Deductible: \$ _____ each claim
5. License Number(s): _____ Date First Licensed: _____ Date Firm Established: _____
6. State Applicant's Annual Premium Volume, Gross Commission and Policy / Broker Fee Income:
- | Premiums | Commissions | Policy / Broker Fees |
|----------------------------|-------------|----------------------|
| Last 12 months: _____ | | |
| Est. next 12 months: _____ | | |

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

7a. Transacting as:	7b. Lines of business:
Agent..... %	Commercial Fire & Inland Marine..... %
Broker..... %	Commercial General/Excess Liab..... %
Surplus Lines Broker..... %	Commercial Auto/Garage/Dealers..... %
Managing General Agent..... %	Professional Liability..... %
Underwriting Manager..... %	Workers Comp..... %
Program Manager..... %	Ocean Marine..... %
Fee Consultant..... %	Aviation..... %
Life – Health	Surety..... %
Agent/Broker..... %	Homeowners/Dwelling Fire..... %
Adjuster..... %	Personal Auto..... %
Appraiser..... %	Personal Floaters..... %
Financial Planner..... %	Life/Accident/Health/Group..... %
Reinsurance Broker..... %	Other (Explain)..... %
Other (Explain)..... %	
MUST TOTAL 100%	MUST TOTAL 100%

7c. 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 _____%

8a. Name all Companies the applicant represents under direct Agent or Broker Agreements:

COMPANY □	ADDRESS	DATE APPOINTED	LINES OF BUSINESS	VOLUME

8b. List General Agents, MGA's and Surplus Line Brokers with whom you place business:

NAME 	LINES OF BUSINESS	COMPANIES USED	VOLUME

8c. State percentage of business written through:

Assigned Risk or State Fund Pools: _____% Risk Purchasing Groups: _____%

Risk Retention Groups: _____% Alien Non-Admitted Carriers: _____%

9. Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?

Yes No If yes, explain: _____

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

11. Specify the maximum limit(s) the applicant is authorized to bind:

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

12a. Does agency specialize in writing any class of risk (Example: Auto Dealers, Contractors, Truckers, etc.)?

Yes No If yes, what class:

12b. How long writing this class _____ years.

12c. Percentage of Agency's Volume _____%

12d. What Markets used: _____

13a. 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? Yes No
 Other (explain) _____
 Total _____

13b. 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? _____

14a. Does the agency utilize any form of computer or automation system? Yes No

14b. What type: In House Batch Manual Other - explain: _____

14c. Name of Automation Vendor: _____

14d. Name of Software System and Program: _____

14e. Version: _____ Date of Installation: _____

14f. Hardware: Single user Multi-user Number of Stations: _____

Please indicate functions performed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Claims | <input type="checkbox"/> Renewal Lists |
| <input type="checkbox"/> Rating | <input type="checkbox"/> MVR's | <input type="checkbox"/> Applications |
| <input type="checkbox"/> Policy Information | <input type="checkbox"/> Policy Issuance | <input type="checkbox"/> Financing |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Other (explain) _____ | |

15. 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:

16a. List all Professional Liability, "E & O" or Legal Expense insurance carried during the past five years. If none, state "NONE".

INSURANCE CO. <input type="checkbox"/>	LIMITS OF LIABILITY	DEDUCTIBLE (IF ANY)	PREMIUM	INCEPTION M/D/Y	EXPIRATION M/D/Y	CLAIMS	
						YES <input type="checkbox"/>	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"/>	<input type="checkbox"/>

16b. Retroactive Date of current policy: _____

17. 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.)

18. 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.)

19. Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or canceled, or renewal of such insurance been refused? YES NO (if yes, explain)
20. 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)
21. Indicate all Insurance Professional Association of which you are a member: IIAA PIA
 American Agents Alliance WAIB AAMGA NAPSLO Other_____
22. 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.
23. 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 authorizes 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.

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