

Application Supplement for Insurance Agents and Brokers

All questions must be completed in full.

1. Name of Applicant: _____
2. On what date did the present management assume control, management or ownership of this agency?
..... / /
3. Please provide breakdown of the percentage of total annual income derived from the following activities:

Claim Adjusting fee a fee	_____ %
Consulting for a fee	_____ %
Financial Planning for a fee	_____ %
Insurance Commissions	_____ %
Marketing for others for a fee	_____ %
Mutual Fund Sales	_____ %
Premium Financing for agency insureds	_____ %
Premium Financing for non-agency insureds	_____ %
Real Estate Appraisals/Property Management	_____ %
Real Estate Sales	_____ %
Safety or Loss Control Consultant for a fee	_____ %
Third Party Administrator	_____ %
TOTAL	_____ 100 %

NOTE: If insured(s) desire(s) coverage other than insurance sales or brokerage, please call your agent or broker for the application supplement.

4. Estimate percentage breakdown of business placed or written as the following:

Placed as an Accident and Health Broker or Agent	_____ %
Written as an Accident and Health General Agent	_____ %
Placed as a Life Insurance Broker	_____ %
Written as a Life Insurance General Agent	_____ %
Written as an MGA from other agents, brokers or wholesalers	_____ %
P&C Agent directly with insurance companies	_____ %
P&C Broker through other agents, brokers, wholesalers or MGAs	_____ %
P&C Wholesaler for other agents, brokers or agencies	_____ %

5. Please provide a breakdown of total new and renewal business written in the last 12 months as follows:

(a) Property and Casualty Personal Lines: Annual Premium Volume	
i. Automobile	\$ _____
ii. Sub-Standard Auto (including assigned risk)	\$ _____
iii. Dwelling	\$ _____
iv. All Other _____	\$ _____
TOTAL Property and Casualty Personal Lines	\$ _____

(b) Life, Accident & Health Lines: Annual Commission Income	
i. Individual Life	\$ _____
ii. Group Life	\$ _____
iii. Individual A&H	\$ _____
iv. Group A&H	\$ _____
v. Pension Plans	\$ _____
vi. All Other _____	\$ _____
TOTAL Life, Accident and Health Commissions	\$ _____

(c) Property and Casualty Commercial Lines:	
i. Assigned Risk, Government Pools, Fair Plans	\$ _____
ii. Automobile	\$ _____
iii. Aviation	\$ _____
iv. Bonds	\$ _____
v. BOP	\$ _____
vi. Directors and Officers Liability	\$ _____
vii. General Property/Casualty	\$ _____
viii. Inland Marine	\$ _____
ix. Long or Intermediate Haul Trucking	\$ _____
x. Medical Malpractice	\$ _____
xi. Professional Liability	\$ _____
xii. Wet Marine	\$ _____
xiii. Workers Compensation	\$ _____
xiv. All Other _____	\$ _____
TOTAL Property and Casualty Commercial Lines	\$ _____

6. Has the agency ever been involved in the formation, management or administration of any of the following:

- (a) Self-insured trusts Yes No
- (b) Insurance pools..... Yes No
- (c) Risk retention groups Yes No
- (d) Health maintenance organizations..... Yes No
- (e) Any other self-insured risk-bearing entities..... Yes No

7. Please list the complete name of the largest property and casualty companies represented by the agency that make up 85% of the agency's property and casualty premium volume:

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please provide the following information for all business placed with a wholesale broker or managing general agency:

Name of Wholesaler/MGA	Premium Volume	Whoelsaler/MGA Insurance Company	AM Best Rating	Year Represented
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Please list names of all other property and casualty companies represented by the agency.

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Please list the complete name of the largest life, accident and health companies represented by the agency that make up 100% of the agency's life, accident and heath premium volume.

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please answer the following questions regarding office procedures:

- (a) Is all mail date stamped? Yes No
- (b) Are all binders confirmed in writing? Yes No
- (c) Has the Applicant attended any E&O loss prevention seminars during the past 24 months?
..... Yes No
- (d) Is there a procedure for documenting all telephone conversations? Yes No
- (e) Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of
cancellations or material changes in coverage? Yes No
- (f) Does the Applicant have a date control system in place to track policy and binder expirations, etc?
..... Yes No
- (g) Does the Applicant have any procedures to check the financial condition of the insurance companies
with which business is or will be placed? Yes No
- (h) Is a checklist utilized in reviewing required coverages and limits with a client? Yes No
- (i) Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than
requested? Yes No
- (j) Does the Applicant turn off the fax machine after business hours? Yes No

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date

Applicant Information

11. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? Yes No
 If yes, please provide details: _____
- (b) A change in the nature of business operations? Yes No
 If yes, please provide details: _____
12. During the past five years, has the name of the Applicant been changed? Yes No
 If yes, please provide details: _____

Professional Activities and Specialty

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

2. Estimate annual gross revenues for the coming year:\$ _____
- (a) Percentage of annual gross revenues for the coming year:
- i. Domestic %
- ii. Foreign %
- (b) Annual gross revenues for the last three (3) years:
- i. Last twelve months: Year _____ \$ _____
- ii. 1st Prior Year: Year _____ \$ _____
- iii. 2nd Prior Year: Year _____ \$ _____

3. Describe Applicant's five largest jobs in the last three (3) years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described above? Yes No
 If yes, please describe: _____
5. Were more than 50% of the Applicant's gross revenues for any of the last three (3) years derived from any one contract? Yes No
 If yes, please specify client, professional services and duration of contract: _____
6. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

Professional Activities and Specialty continued

If yes, please indicate percentage of billings and whether a certificate of professional liability insurance is required of each: _____

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? Yes No

(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes No

If yes, to either (a) or (b) please describe: _____

8. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No

If yes, please advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant: _____

Claims/History

1. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for its insurance? Yes No

If yes, please attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim and action taken to prevent the same type of claim in the future.

2. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstances or situation which might afford grounds for any claim, such as would fall under the proposed insurance? ... Yes No

If yes, please provide details: _____

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five (5) years? Yes No

If yes, please attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? Yes No

If yes, please attach a copy of the outcome of such proceedings.

Claims/History continued

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Claims Made or Occurrence policy	Limits	Deductible	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Does the Applicant carry General Liability Insurance? Yes No

If yes, please provide: Insurer: _____ Limits: _____

Does coverage include Products/completed Operations Hazards? Yes No

Notice to Applicant

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

Claims Made Coverage - Notice to Applicant

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date