



INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT. Application for Claims-Made Insurance

PART I - AGENCY DETAILS

1. Agency Name: _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Website _____
 Principle Contact _____ E-mail address _____
2. a. Does the applicant have any branch offices or subsidiaries? Yes No
(If yes, please attach a list of branch offices and details on subsidiary including relationship and Operations.)
 b. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
(If yes, please attach an explanation.)
 c. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into, or consolidated with the original firm? Yes No
(If yes, please attach an explanation.)
3. Date Established _____
4. Total number of personnel for each category:

Full Time	Part Time	
_____	_____	Licensed Agents and Brokers (employees & principals)
_____	_____	Licensed Agents and Brokers (independent contractors)
_____	_____	Clerical
_____	_____	Other (please specify _____)

Complete for all Personnel:

Name of Partners, Principals, Producers, Independent Contractors	Title	Professional Designations	Date Licensed as Property/Casualty Agent or Broker	Date Licensed as Life/Accident/Health Agent or Broker	# of Years of Related Experience

(If more space is needed, please attach separate sheet.)

PART II - AGENCY OPERATIONS

5. Please give the approximate percentage breakdown of the total of your premium volume and fees as:
 "Retail Agent" _____% (Business placed directly with insurance companies, JUA's or assigned risk pools, etc.)
 "Retail Broker" _____% (Business placed through other agents, MGA's, wholesalers, etc.)
 "Wholesale Broker" _____% (Business received from other non-employee or contract brokers or agents and placed by your agency.)
 "Other" (explain) _____% _____
Must total 100%
6. Do you derive income from any activity/profession other than the sale of insurance products? Yes No
(If yes, please attach an explanation including the percentage of your total annual income derived from it.)
7. Do you currently act or have you acted in the past five years as an MGA, Third Party Administrator, Reinsurance Intermediary, or provided services for a fee as a Risk Manager/Consultant? Yes No
(If yes, please attach an explanation including the percentage of your total annual premium volume derived from it.)

PART III - PREMIUM VOLUME INFORMATION

8. List **ALL** Insurance Companies with which your Agency places business:

Insurance Company	Premium Volume	Total Annual AM Best Rating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use attachment if necessary.)

9. Are there any insurance carriers with which agency contracts have been terminated in the last 5 years and with which 25% or more of your annual premium was placed. Yes No

(If Yes, attach an explanation for each termination.)

10. Breakdown of annual written premium volume by line of coverage for the past year as of this date ____/____/____. **By signing this application, the Applicant represents that the written premium figures, and gross receipts if applicable provided in question 10 are an accurate reflection of written premium at the time of signing the application. The Applicant further agrees to provide, at the Company's request, full disclosure of the agency's books and records for premium audit purposes. If an audit reveals a material change in premium than stated on the application, then the company is entitled to collect additional earned premiums, cancel or rescind coverage.**

10a. PERSONAL LINES:	Volume	Commercial Property	\$ _____
Automobile - Standard	\$ _____	Ocean/Wet Marine	\$ _____
Automobile - Non-standard (including Assigned Risk, JUA'S, etc.)	\$ _____	Inland Marine	\$ _____
Homeowners - Standard	\$ _____	Bonds	\$ _____
Homeowners - Non-standard (including Fair Plans)	\$ _____	Aviation	\$ _____
Personal Umbrella	\$ _____	Commercial Umbrella / Excess	\$ _____
Other (describe):	\$ _____	Physicians & Hospitals	\$ _____
TOTAL PERSONAL LINES PREMIUM	\$ _____	Professional Liability	\$ _____
TOTAL PERSONS LINES COMMISSION \$ _____		Trusts including Workers Compensation	
		Trusts, MET's, MEWA's, etc	\$ _____
		Risk Retention Plans	\$ _____
		Crop / Hail	\$ _____
10b. COMMERCIAL LINES:		Other (Describe)	\$ _____
Workers Compensation	\$ _____	TOTAL COMMERCIAL PREMIUM	\$ _____
Long Haul Trucking	\$ _____	TOTAL COMMERCIAL LINES COMMISSION	\$ _____
Commercial Auto (including Livery)	\$ _____		
Commercial General Liability	\$ _____		
BOP (Businessowners policy)	\$ _____		

11. Do you derive any income from financial planning and/or investment services? Yes No
(If yes, please complete form IAE-FP-SUPP-6/05) **Financial Planners Addendum**)

12. Do you derive any income form the sale of Life/Accident/Health products? Yes No
(If yes, please complete form IAE-LIFE-SUPP-6/05)

13. Does the Total Insured Value of any Commercial Property or Inland Marine account written by the applicant exceed \$1,000,000? Yes No
(If yes, please attach a list of accounts including the total insured value.)

14. Do any classes of business account for over 10% of the applicant's commercial premium volume?
 Bars/ Taverns/ Restaurants Yes No
 Contractors Yes No
 Other (please specify) Yes No _____

15. What percentage of the premium volume listed in question 10 is written on a non-admitted basis? _____
(Do not include Assigned Risk, JUA'S, and Fair Plans)

16. Is the applicant a captive agent? Yes No
 Is applicant employed by any insurance company? Yes No
 If yes to either, please answer the following.
 a. Please list the name of this company: _____
 b. Is professional liability already provided for business placed with this company? Yes No

PART IV - LOSS CONTROL

17. List all professional loss control/risk management services utilized by your agency including the date instituted.

18. What percentage of your businesses is direct billed by carriers? _____
19. With respect to office procedures:
- a. Is there a procedure for documenting client phone conversations? Yes No
 - b. Is a policy expiration list maintained? Yes No
 - c. Are all policies and endorsements checked for accuracy? Yes No
 - d. Does the agency utilize a diary/suspense system? Yes No
 - e. Does the agency have an Office Procedures manual? Yes No
 - f. Does the agency document a client's refusal to accept coverage/limits limitations? Yes No
 - g. Does the agency utilize any form of computer or automation system? Yes No
 - h. Is all incoming mail date stamped? Yes No
 - i. Are all binders confirmed in writing? Yes No
 - j. Are copies of binders mailed to the insured and/or the company promptly? Yes No
 - k. Do your files document the need to notify regulatory agency, mortgagee, certificate holder or others of cancellation? Yes No
 - l. How long are records retained? _____

PART V - CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same Limit of Liability with one of the USLI Companies.

20. During the past five (5) years, has any claim been made or suit brought against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? Yes No
(If yes, provide details on the separate Supplemental Claims Application.)
21. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? Yes No
(If yes, provide details on the separate Supplemental Claims Application.)
22. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any state insurance department? Yes No
(If yes, please attach a full copy of the investigation and fines assess.)
23. During the past five years, has any director, officer, partner, employee, or independent contractor ever been declined, cancelled or refused renewal of their fidelity or surety bond? Yes No
 If yes, provide full details: _____

24. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No
(Missouri applicants need not answer this question.)(If yes, please attach an explanation.)

PART V I- INSURANCE COVERAGE INFORMATION

25. Please provide the following information on your professional liability insurance for the past three years:

Name of Insurer	Limit	Deductible	Policy Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26. Retroactive Date of current policy (if any): ____/ ____/ ____
27. Have you ever purchased "Extended Discovery/Reporting Period" coverage ("tail") from any prior insurer? Yes No
(If yes, please attach an explanation.)

PART VII - BUSINESSOWNERS PACKAGE INSURANCE

28. Does the Applicant currently have General Liability Insurance? Yes No
 If yes, please advise the following:
- | Name of Carrier | Limit | Premium | Expiration date |
|-----------------|-------|---------|-----------------|
| _____ | _____ | _____ | _____ |
29. During the last 5 years, has any Liability claim been made or suite been brought against the Applicant? Yes No
(If yes, please provide details on a separate supplemental claim application.)

30. Additional insureds to be included (List name, address and relationship to Applicant): _____

31. Personal Property Limit(at 80% Coinsurance/Replacement Cost): _____

32. Building Construction (Please check one):

- Frame - Building., Is made from wood frame (2x4's/veneers).
- Joisted Masonry - Outside walls are constructed with bricks/cinder blocks, Roof is made of wood.
- Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
- Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

33. Property Protection Class (1-10): _____ Zip Code: _____

34. a. Aluminum Wiring: Yes No

b. Functioning Fire/Smoke Alarms: Yes No

c. Burglar Alarms: Yes No

35. Is the electrical system connected to circuit breakers? Yes No

36. During the last 5 years, has any Property claim been made or currently pending? Yes No

(If yes, provide details on the separate supplemental claims application.)

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime.

Arizona, Pennsylvania and Oregon Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance or statement of claim 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 may be subject to a violation penalty (and a criminal penalty if in Pennsylvania).

Utah and Ohio Fraud Statement: 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 clam containing a false or deceptive statement is guilty of insurance fraud.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any material false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Indiana Fraud Statement: A person who knowingly and with intent to defraud an insurer files a statement of clam containing any false, incomplete, or misleading information commits a felony.

Fraud Statement (All other States): Any person who knowingly and with intent to defraud any insurance company or other person, file an application for insurance or statement of clam 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Minnesota Notice: The cause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Nevada Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true, The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature of Applicant or Insured: _____

Must be signed by a Principal, Partner or Officer of the Firm

Date: _____