

**SECTION 1. Applicant Information**

1. Name: \_\_\_\_\_
2. Doing Business As (if any): \_\_\_\_\_
3. Principal Business Premise Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Address(es) of Branch Office(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Contact Person: \_\_\_\_\_
7. Website: \_\_\_\_\_
8. Fax Number: \_\_\_\_\_
9. Phone Number: \_\_\_\_\_
10. Proposed Effective Date: \_\_\_\_\_
11. Date the firm was established: \_\_\_\_\_
12. If in operation less than three (3) years, please attach license(s) and resume(s) for all principals.
13. Applicant is:  
 Sole Practitioner  Partnership  
 Limited Liability Corporation  Professional Association or Corporation  
 Limited Liability Partnership  Other: \_\_\_\_\_
14. Has there been a change in management structure, including any additions, or deletions of any principals, owners, managers or brokers?  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. During the past five (5) years, has Applicant's name been changed or has any business purchased, merged or been consolidated with the Applicant?  
If yes, give dates, names, premium volumes and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2. Prior Insurance Information (If none, check here [ X ])**

<u>Insurance Company Name</u>	<u>Policy Period</u>	<u>Limits of Liability</u>	<u>Premium</u>	<u>Deductible</u>	<u>Type of Coverage</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

- Does the applicant carry General Liability coverage? Yes \_\_\_ No \_\_\_  
If yes, provide the Insurer: \_\_\_\_\_
- Requested Limits: \_\_\_ \$500,000/\$500,000 \_\_\_ \$1,000,000/\$1,000,000 \_\_\_ \$1,000,000/\$2,000,000  
\_\_\_ Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_
- Requested Deductible (Per Claim): \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \$10,000 \_\_\_ Other: \_\_\_\_\_

**SECTION 3. Operations Information**

- List all of Applicant firm's personnel (each individual should be classified in only one category):

<u>Personnel Type</u>	<u># of Full-Time</u>	<u># of Part-Time</u>
Owners, Officers and / or Partners	_____	_____
Licensed employee solicitors, brokers and / or agents	_____	_____
CSRs	_____	_____
Other employees (including clerical)	_____	_____
Exclusive Non-Employee Producers	_____	_____
Non-Exclusive Non-Employee Producers	_____	_____
TOTAL:	_____	_____

- If less than three (3) years in operations, please attach resume(s) of key personnel.
  - If applicable, date principal of Applicant was first licensed as a Property/Casualty Agent or Broker. \_\_\_\_\_
  - If applicable, date principal of Applicant was first licensed as a Life/Health Agent or Broker. \_\_\_\_\_

- List the current top five (5) insurance companies for whom you produce premium:

<u>Insurance Company Name</u>	<u>Years Represented</u>	<u>Annual Premium Volume</u>	<u>Current AM Best Rating</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- What percentage of business is placed with:

Admitted Carriers: \_\_\_\_\_ %  
Non-Admitted Carriers: \_\_\_\_\_ %

5. Please complete the following table:

	<u>Previous 36 Months</u>	<u>Previous 24 Months</u>	<u>Current 12 Months</u>	<u>Estimated Next 12 Months</u>
Total P&C Gross Written Annual premium	\$ _____	\$ _____	\$ _____	\$ _____
Total gross annual P&C commissions	\$ _____	\$ _____	\$ _____	\$ _____
Total Life and A&H gross write premium	\$ _____	\$ _____	\$ _____	\$ _____
Total gross annual Life and A&H commissions	\$ _____	\$ _____	\$ _____	\$ _____
Total annual income derived from other insurance related activities	\$ _____	\$ _____	\$ _____	\$ _____

6. What percentage of Applicant's total income comes from:

Commercial Lines \_\_\_\_\_ %  
 Personal Lines \_\_\_\_\_ %

7. Provide total annual premium volume by line of coverage:

<u>Group A</u>		<u>Group C</u>	
Personal Auto	\$ _____	Group Life / Health	\$ _____
Homeowners	\$ _____	West Marine	\$ _____
A – Other	\$ _____	Commercial Multi-Peril (incl. Commercial Property)	\$ _____
		C – Other	\$ _____
<u>Group B</u>		<u>Group D</u>	
Flood	\$ _____	Surety Bonds	\$ _____
General Liability	\$ _____	Aviation	\$ _____
Workers Compensation	\$ _____	Crop	\$ _____
Commercial Auto Liability	\$ _____	Long Haul Trucking	\$ _____
Inland Marine	\$ _____	Physicians / Hospital Liability	\$ _____
Bonds – Other	\$ _____	Professional Liability	\$ _____
Umbrella / Excess	\$ _____	Third Party Administration	\$ _____
Individual Life / Health	\$ _____	DIC, Earthquake	\$ _____
Annuities	\$ _____	Livestock Mortality	\$ _____
B – Other	\$ _____	D – Other	\$ _____

8. What percentage of Applicant's total income comes from:

Insurance	_____ %	Agent / Broker / Retailer	_____ %
Premium Financing	_____ %	Surplus Lines Broker / Wholesaler	_____ %
Mutual Funds	_____ %	MGA / MGU / Program Administrator*	_____ %
Annuities	_____ %	Third Party Administrator	_____ %
Fixed	_____ %	HR Services	_____ %
Variable	_____ %	Reinsurance Intermediary	_____ %
<b>TOTAL (must equal 100%)</b>	_____ %	Consultant (for fee)	_____ %
		Loss Control Engineer	_____ %
		Other – Specify	_____ %
		<b>TOTAL (must equal 100%)</b>	_____ %

9. Has Applicant ever had any association with a cluster or franchise business? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **SECTION 4. Risk Management**

1. Does Applicant utilize a computerized accounting, billing and production system? Yes \_\_\_ No \_\_\_

2. Is incoming mail date-stamped? Yes \_\_\_ No \_\_\_

3. Are verbal binders given? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is a policy expiration list maintained? Yes \_\_\_ No \_\_\_

If no, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does applicant have a diary/suspense/notification/calendaring system? Yes \_\_\_ No \_\_\_

If no, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are all applications, policies and endorsements checked for accuracy? Yes \_\_\_ No \_\_\_

7. Are files marked to ensure certificate holders; regulatory agencies, etc. are notified of cancellation or material changes? Yes \_\_\_ No \_\_\_

8. Does applicant check all notices of cancellation to assure compliance with policy cancelation conditions and statutory requirements? Yes \_\_\_ No \_\_\_

9. Does Applicant confirm to the Insured, in writing, all declinations of coverage? Yes \_\_\_ No \_\_\_

10. Is there a back-up procedure for when Applicant's personnel are away from the office? Yes \_\_\_ No \_\_\_

11. A. Does Applicant offer Flood coverage? Yes \_\_\_ No \_\_\_  
 B. If Applicant's Insured rejects flood coverage, are they required to sign a statement to that effect?  
 Yes \_\_\_ No \_\_\_
12. Does Applicant have an office manual? Yes \_\_\_ No \_\_\_
13. Does Applicant monitor solvency and financial condition of the Insurers with which Applicant places business?  
 Yes \_\_\_ No \_\_\_
14. Does Applicant have a procedure to verify that its principals are appropriately licensed in all states in which it is doing business? Yes \_\_\_ No \_\_\_

**SECTION 5. Claims History**

1. During the last five (5) years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? Yes \_\_\_ No \_\_\_

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

2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of the any fact, circumstance, situation, incident or allegation of negligence or wrongdoing which might afford grounds for any claim such as would fall under the proposed insurance? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has an insurer cancelled, rescinded, non-renewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any person or organization proposed for this insurance in the last five years? Yes \_\_\_ No \_\_\_

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

4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance have been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? Yes \_\_\_ No \_\_\_

**If yes, provide details on a separate sheet.**

**NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLEY AS STATED I NTHE POLICY, if issued, which provides coverage on a claims-made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised with the terms of the policy. The policy has specific provisions detailing claim-reporting requirements.

The underwriting manager, Insurer and/or affiliates thereof are authorized to make any inquiry in connection with this application. Information regarding the applicant, or any person(s) or entity(ies) proposed for this insurance, received, found or developed by us and not part of the application, shall be used solely at our discretion, who shall not have any liability for the use or failure to use such information. Any such independently developed information shall not be attached to any subsequently issued policy or be considered part of the application.

Signing this application does not bind the Insurer to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The underwriting manager, Company and/or affiliates thereof, reserve the right to amend or withdraw terms upon review of the above additional information. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn.

**WARRANTY**

I/We warrant to the Insurer, that I/We 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 and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Insurer and/or affiliates thereof.

The statements in the Declarations are accurate and complete.

That the statements made in the application and attachments and any other materials submitted are true and are the basis of this Coverage Part and are considered as incorporated into and constituting a part of this policy.

That the statements made in the application and attachments and any other materials submitted are representations and that such representations are deemed material to the acceptance of the risk or the hazard assumed by us under this Coverage Part and that this Coverage Part is issued in reliance upon the truth of such representations.

That in the event that the application, including attachments and any other materials submitted, contains misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by us, this Coverage Part in its entirety shall be void and of no effect.

Must be signed within 60 days of the proposed effective date.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Applicants:** Any person who knowingly and with 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 and subjects the person to criminal and civil penalties.