



- Instructions:**
- Answer all questions. Insert 'none' or 'n/a' when appropriate;
 - If an answer is yes and/or the space allotted is not adequate, provide details as a separate attachment;
 - Complete, sign and date the application in ink.

I. General Company Information

1. Applicant Name: _____
(as to be used on the certificate if issued)

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Contact: _____ Phone #: (_____) _____

Email Address: _____ Facsimile #: (_____) _____

Website: _____

2. Additional Business Locations:

Name	Street Address	City	County	State	Zip Code	% of GWP

3. Applicant Ownership: Individual Partnership LLC/LLP Corporation Other: _____

4. Date Established: _____ (If less than 3 years, attach resumes of principals)
(MM/DD/YYYY)

5. List the states where the Applicant and all producers are licensed: _____

If the answer is yes to any of the following, provide details as a separate attachment

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

During the past five (5) years has the Applicant undergone a:

Name Change: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ownership Change: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Merger, Acquisition or Consolidation with another firm: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Purchase of another agency's book of business (part of or total): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reorganization or entry into an arrangement with creditors under state or federal law: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Association with a cluster: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. During the past 10 years has the Applicant, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors had their professional license revoked, suspended, fined or disciplined; been the subject of any investigation by state insurance department, regulatory body or professional organization; or convicted of any felony charge? Yes No

8. Number of Applicant's Total Staff: (assign an individual to one category only)

Owners, directors, partners or principals: _____	Employee Producers: _____
Non-employee producers: _____	CSRs: _____
Others: _____	Total: _____

9. What % of the Applicant's personnel has professional designations? %

What % of Applicant's office staff has attended an insurance seminar in the last 12 months? %

An E&O Seminar? %

Comment [JF1]: I can see resistance to this question as it pertains to employees and independent contractors. I assume that you are looking for an answer regardless of whether the license while associated with the applicant or otherwise.

II. Professional Services and Revenues

10. What is Applicant's total annual revenue? \$ _____

11. What % of Applicant's total revenues is generated from:

Property & Casualty:	_____ %	Life, A&H and Disability:	_____ %
Claims Adjusting:	_____	Mutual Funds & Variable Annuities:	_____
Loss Prevention/Safety Engineering:	_____	Stocks, Bonds and Investment Products:	_____
Reinsurance Intermediary:	_____	Financial Planning:	_____
Premium Financing:	_____	Registered Investment Advisory Services:	_____
Actuarial Services:	_____	Real Estate Agency:	_____
Third Party Administrators:	_____	Real Estate Appraisal:	_____
Loan Origination:	_____	Marketing of Employers Organization Service:	_____
Accounting:	_____	Other: (provide details if > 5%)	_____

Total: 100 %

Property & Casualty Business

12. What is Applicant's annual Gross Written Premium? \$ _____

13. % Breakdown of P&C Premium Volume:

<i>Commercial Lines - subtotal</i>	_____ %	<i>Personal Lines - subtotal</i>	_____ %
Automobile – standard	_____ %	Automobile – standard	_____ %
Automobile – nonstandard	_____	Automobile – nonstandard	_____
SMP/BOP	_____	Homeowners	_____
CGL	_____	Flood	_____
Umbrella	_____	Umbrella	_____
Workers Compensation	_____	Pleasure Boats	_____
Long Haul Trucking	_____	Other (provide details if > 5%)	_____ %
Inland Marine	_____		
Ocean/Wet Marine	_____		
Bonds	_____	<i>P&C Business placed as:</i>	
Aviation	_____	Agent	_____ %
Medical Malpractice	_____	Broker	_____
Professional Liability (D&O, E&O)	_____	Managing General Agent or Underwriter	_____
Farm owners & Livestock Mortality	_____	Wholesaler	_____ %
Crop/Hail	_____		
Other (provide details if > 5%)	_____ %		

Total: 100 %

14. List the top 10 Property & Casualty companies Applicant places insurance with:

Company Name	Directly Placed	Years Represented	Binding Authority	% of GWP Volume	Admitted	Best's Rating
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

15. List carriers with whom the Applicant (or predecessors) contracts have been terminated within the last 5 years.
 Company Name _____ Brief description of reason for termination _____
-
-
-
-

III. Office Procedures

16. Does Applicant have written documentation detailing office procedures? Yes No
If yes, attach a copy of the Table of Contents or summary of the activities documented and skip this section (Questions 17-38). If no, complete this section.
17. Does Applicant conduct an orientation & training program for all new employees? Yes No
18. How long are Applicant's records maintained? _____ years
19. Is there a procedure for checking insurance carriers' financial rating? Yes No
 If yes, what frequency? _____
20. Is there a procedure for surplus lines tax filings? Yes No
21. Does Applicant utilize an: (check as many as apply)
- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Automated computer system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Automated Accounting system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Automated Agency management system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Online carrier system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
22. Is there a procedure for documenting all phone conversations? Yes No
23. Is an expiration list maintained? Yes No
If yes, which best describes Applicant's list? (check one only)
- | | | | |
|------------------|--------------------------|---------------------|--|
| Manually created | <input type="checkbox"/> | Provided by Carrier | <input type="checkbox"/> |
| Automated system | <input type="checkbox"/> | Other | <input type="checkbox"/> Describe: _____ |
24. Is all incoming mail date stamped? Yes No
25. Does Applicant use a diary, suspense or follow-up system? Yes No
If yes, which best describes Applicant's system?
- | | |
|-----------|--------------------------|
| Manual | <input type="checkbox"/> |
| Automated | <input type="checkbox"/> |
26. Does Applicant use an exposure checklist? Yes No
27. Are customers advised in writing when coverage cannot be bound when desired or as desired? ... Yes No
28. Does Applicant accept request to bind coverage via email? ... Yes No Voice mail? .. Yes No
29. Are declinations of coverage confirmed in writing with the carrier? Yes No
30. Are all binders confirmed in writing? Yes No
31. Does Applicant send, within 10 days, a written binder to the Insured? .. Yes No Carrier? .. Yes No
32. Are Insureds advised in writing or special notation on the binder when there are restrictions of coverage or special endorsements apply? Yes No
33. Are all policies and endorsements checked for accuracy? Yes No
34. Is there a procedure to assure certificate holders, regulatory agencies or others are notified of cancellation or material changes? Yes No

- 35. Are request required to be in writing when a customer desires their insurance reduced or eliminated? Yes No
- 36. Does Applicant advise customer in writing when their insurance has been cancelled/non-renewed? Yes No
- 37. Has an operational agency audit been done by an outside third party during the last two (2) years? . . . Yes No
- 38. Does Applicant have an annual financial audit conducted by an outside accounting firm or CPA? . . . Yes No

IV. E&O Insurance

*If the answer is yes to any of the following, provide details as a separate attachment. The responses need to be answered as it applies to the basic application **and** all supplemental coverages desired.*

39. List similar insurance carried during the past five (5) years. Check if none

Carrier	Policy Period	Policy #	Limits	Premium

- 40. Has Applicant ever purchased an ERP endorsement? Yes No
- 41. Has an application for similar insurance on behalf of the Applicant, other predecessors in business, past or present directors, officers or principals been non-renewed, canceled, or rescinded? Yes No
- 42. Does Applicant require non-exclusive, non-employee producers to carry E&O? Yes No
- 43. During the past five (5) years has any claim been made or suit brought against the Applicant, any other past or present directors, officers, partners, principals, predecessors in business, employees or contractors? Yes No
If yes, complete the claims supplement for each claim.
- 44. Is the Applicant, any other predecessors in business, past or present directors, officers, partners or principals, employees or contractors aware of any fact, circumstance, or situation which may result in a claim being made against the Applicant or covered individuals? Yes No
If yes, complete the claims supplement for each claim.

Policy Coverage Desired

- 45. Limits of Liability: Per claim _____ Policy Aggregate _____ Indemnity Only
 Indemnity & Expenses
 - Retention: _____ Indemnity Only
 Indemnity and Defense Expenses
 - 46. Does Applicant desire Prior Acts coverage? Yes No
If yes, what is the date of Applicant's earliest policy(s) continuously in place? _____
 - 47. Desired Policy Effective Date: _____
 - 48. Does Applicant desire to add-on Coverages for: *A supplemental application must be completed for each coverage checked*
- | | |
|--|--|
| Life, Annuities and Mutual Funds <input type="checkbox"/> | Accounting Services (non-CPA) <input type="checkbox"/> |
| or | |
| Life, Annuities, Mutual Funds and Other Investment/Financial Products <input type="checkbox"/> | |

V. Signature and Representation

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or its failure to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorized the release of claim information to the Company from any current or prior insurer of the Applicant.

THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete 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 CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Name Printed	Title
Signature	Date

Application must be signed by an owner, officer, partner or principal of the Applicant