

Lexington Insurance Company Middle Market Insurance Agents & Brokers

11. a. Does Applicant Firm place mutual funds through a securities broker/dealer that is affiliated with an insurance company? Yes No

If mutual funds coverage is desired, complete the following:

Desired sublimit: \$100,000 \$300,000 \$500,000 \$1,000,000 (not available in all states)

Broker/Dealer	Company	Licensed Agent	Income	Series License Type
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

b. Does anyone to be covered by this policy own or have any interest in a securities broker/dealer organization? Yes No
If yes, please provide name of individual, broker/dealer, details or interest and effective date. _____

12. a. Applicant Firm's Percentage of Business by Premium Volume:

*Commercial Lines	
Fire-Standard	_____ %
Fire-Nonstandard (Fair Plan)	_____ %
SMP/BOP/Package	_____ %
CGL	_____ %
CGL (including garage liability)	_____ %
Umbrella/Excess	_____ %
Auto-Standard/Plan/CAR	_____ %
Auto Non-Standard/Plan/CAR	_____ %
* Long Haul Trucking	_____ %
Workers Compensation	_____ %
Inland Marine	_____ %
* Farmowners	_____ %
* Livestock Mortality	_____ %
* Crop Coverages	_____ %
* Medical Malpractice	_____ %
* Professional Liability	_____ %
(Specify) _____	_____ %
* Wet Marine	_____ %
* Bonds - Surety	_____ %
* Bonds - All Other	_____ %
* Aviation	_____ %
* Other (Specify) _____	_____ %
*Personal Lines	
Auto-Standard	_____ %
Auto-Nonstandard & Auto Plan	_____ %
Homeowners & Standard Fire	_____ %
Nonstandard Fire	_____ %
* Pleasure Boats	_____ %
* Umbrella	_____ %
Other (Specify) _____	_____ %
*Total Commercial & Personal Equals	_____ 100%

12. b. Property and Casualty Business Placed As:

Agent (business placed direct with carriers)	_____ %
Managing General Agent	_____ %
Surplus Lines Broker	_____ %
Reinsurance Intermediary	_____ %
Broker	_____ %
<i>(accepting business from other than staff or submitting business through a broker, not placing direct with a carrier.)</i>	
Total.....	_____ 100 %

12. c. What percent of Applicant Firm's business is placed with Admitted carriers? _____ %
 Non Admitted carriers? _____ %
Total..... 100 %

12. d. Life and A&H Insurance:

Life, Individual	_____ %
Life, Group	_____ %
A&H, Individual	_____ %
A&H, Group	_____ %
Annuities	_____ %
HMO/PPO/DSP	_____ %
Other (Specify) _____	_____ %
Total Life.....	_____ 100 %

12. e. Percent of policies written on a direct bill basis _____ %

12. f. Provide number of states licensed _____

If any of the above marked (*) lines of business is in excess of 5% please provide a narrative including carriers, personnel, experience

13. Number of Applicant Firm's Personnel: (Each individual should be counted only once.)

Owners, Officers, Partners	_____	Exclusive Non-employee Producers	_____
Employee Solicitors, Brokers, Agents	_____	Non-exclusive Non-employee Producers	_____
Other Employees (including clerical)	_____	TOTAL STAFF (including part-time)	_____

14. List all Applicant Firm's owners, officers and licensed employee producers:

Name	Position/Title	Professional Designations	# of Years Licensed	# of Years w/Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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15. Does Applicant Firm desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Applicant Firm? Yes No
If no, you should verify that they carry their own Errors and Omissions coverage.
16. **If any of the following are answered yes, attach a detailed explanation for each.** In the past five years, has the Applicant Firm:
- a. Placed coverages for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations or operations with significant pollution exposures? Yes No
 - b. Specialized in any programs or classes of business? Yes No
 - c. Placed coverage or had involvement with Self-Insured/Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? Yes No
Details for 16c. must include: the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the insurer(s); the name and address of the administrator; any administrative duties performed by the Applicant; and appropriate financial information, if applicable. You must also provide a copy of the promotional literature.
 - d. Assumed responsibilities to notify its customers' terminated employees of their rights to benefits under "COBRA"? Yes No
17. Office procedures:
- a. Does the Applicant Firm utilize a computerized production and accounting system?..... Yes No
 - b. Is the Applicant Firm on-line with any carrier? Please list _____ Yes No
 - c. Is the Applicant Firm using the Internet? Yes No
Does the Applicant Firm have a Home Page and/or Web Site? State I.D. _____ Yes No
If yes, is it used for marketing? Yes No
If yes, is it used for sales? Yes No
If yes, are applications completed/submitted through the Internet? Yes No
 - d. Is incoming mail date stamped? Yes No
 - e. Are copies of binders mailed to the insured and/or the company promptly? Yes No
 - f. Is there a procedure for documenting telephone conversations? Yes No
 - g. Is a policy expiration list maintained? Yes No
 - h. Are all applications, policies and endorsements checked for accuracy? Yes No
 - i. Are files marked to ensure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes? Yes No
 - j. Is there a back-up procedure for when Applicant Firm's personnel are away from the office?..... Yes No
 - k. Does the Applicant Firm have a diary/suspense system? Yes No
 - l. Does the Applicant Firm have an Office Manual? Yes No
 - m. Does the Applicant Firm have a specific orientation program for new employees? Yes No
18. Does the Applicant Firm perform any of the following **consulting** activities for its customers? **If yes, attach resume, promotional material and sample contract.**
- | | Yes | No | | Yes | No | | Yes | No |
|-------------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Reinsurance Intermediary | <input type="checkbox"/> | <input type="checkbox"/> | Actuarial Services | <input type="checkbox"/> | <input type="checkbox"/> | Legal Adviser | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Party Administrator | <input type="checkbox"/> | <input type="checkbox"/> | Tax Adviser | <input type="checkbox"/> | <input type="checkbox"/> | Human Resources | <input type="checkbox"/> | <input type="checkbox"/> |
| Claim Adjustment Service | <input type="checkbox"/> | <input type="checkbox"/> | Risk Management | <input type="checkbox"/> | <input type="checkbox"/> | Expert Witness | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Planning | <input type="checkbox"/> | <input type="checkbox"/> | Loss Control | <input type="checkbox"/> | <input type="checkbox"/> | Bank or Savings and Loan | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Investment Advisor | <input type="checkbox"/> | <input type="checkbox"/> | Data Processing Consulting | <input type="checkbox"/> | <input type="checkbox"/> | Mortgage/Mortgage Service Facility | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety & Engineering Service | <input type="checkbox"/> | <input type="checkbox"/> | OSHA/OSHA
(Inspection/Compliance) | <input type="checkbox"/> | <input type="checkbox"/> | Real Estate | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | Other _____ | | |
19. Is there any entity(s) having a 10% interest in the Applicant Firm or in any subsidiary or affiliate of the Applicant? Yes No
If yes, provide the entity's name, percent of ownership interest and relationship to Applicant.

20. Does the Applicant Firm place insurance coverage on any entity in which the Applicant Firm has an ownership interest or for any for-profit entity in which an Insured is an owner, officer, partner member or employee of the Applicant Firm is an officer or director? Yes No
21. Has any past or present owner, officer, partner, employee or solicitor been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority? Yes No
22. **If domiciled in MISSOURI, do not complete.**
 Has any policy or application for Errors and Omissions insurance on behalf of the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 10 years? Yes No
23. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, on behalf of its predecessors in business, within the last 10 years? Yes No
If yes, attach an explanation stating the nature of the claim, date of claim, loss payments and disposition, E&O carrier handling claim, etc.
24. Has the Applicant Firm ever paid an uninsured loss out of Applicant Firm's agency funds? Yes No
25. Are there any known circumstances or incidents which may result in Errors and Omissions claims being made against the Applicant Firm's past or present owners, officers, partners, members, employees or solicitors, or its predecessor(s) in business? Yes No
26. **If yes** to 23 or 25., have they been reported to your Errors and Omissions carrier? Yes No
If no, please provide detailed information.

27. List Errors and Omissions carriers for past five years. If none, state none:

Name of Carrier	Policy Term	Limit of Liability	Deductible	Premium	Current Retro Date
a. _____	___ / ___ / ___	\$ _____	\$ _____	\$ _____	___ / ___ / ___
b. _____	___ / ___ / ___	\$ _____	\$ _____	\$ _____	___ / ___ / ___
c. _____	___ / ___ / ___	\$ _____	\$ _____	\$ _____	___ / ___ / ___
d. _____	___ / ___ / ___	\$ _____	\$ _____	\$ _____	___ / ___ / ___
e. _____	___ / ___ / ___	\$ _____	\$ _____	\$ _____	___ / ___ / ___

28. Desired Limit _____ Deductible _____ Effective Date ___ / ___ / ___

29. Please Include:

- Applicant Firm's Letterhead and any business brochures.
- A. Resumes of the Applicant Firm's principals or key personnel.
- B. Applicant's most recent financial statement
- C. Complete copy of the Applicant's current policy.
- D. A copy of the Applicant's standard contract or agreement.

Representations

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO

Fraud Warnings

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANT: " ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: " A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK 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 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."

NOTICE TO OHIO APPLICANTS: " ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

Signature of Owner, Principal Officer, Partner or Member

Title

Date

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs or defense expenses that are incurred shall be applied to the deductible amount.

Signature of Insured Owner, Principal Officer, Partner or Member

Title

Date

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PRINCIPAL OFFICER, PARTNER OR MEMBER.

The Applicant understands and agrees that it is obligated to report any changes in the information provided in this Application which occur after the date of the Application.