

	<b>James River Insurance Company</b> 7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	<b>Insurance Professionals E&amp;O Renewal Application</b>
		<b>PROFESSIONAL LIABILITY Division</b> Email to <a href="mailto:PL@jamesriverins.com">PL@jamesriverins.com</a> or, Fax to 804-287-2816
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

**INSURANCE PROFESSIONALS E&O RENEWAL APPLICATION**

**PART I - AGENCY DETAILS**

1. Agency Name: \_\_\_\_\_  
 Home Office Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

2. Since last renewal, have there been any changes in the following? Please provide details on a separate sheet for any "YES" answers.

	Yes	No
a. Agency control, ownership, affiliation or mergers?	<input type="checkbox"/>	<input type="checkbox"/>
b. Percentages of premium volume placed as a Retail Agency, Retail Broker or Wholesale Broker?	<input type="checkbox"/>	<input type="checkbox"/>
c. Income derived from activity or profession other than the sale of insurance products?	<input type="checkbox"/>	<input type="checkbox"/>
d. Activity as an MGA, Third Party Administrator, Reinsurer or Risk Manager/Consultant?	<input type="checkbox"/>	<input type="checkbox"/>
e. Carriers represented?	<input type="checkbox"/>	<input type="checkbox"/>
f. Since last renewal has any insured had their license revoked, suspended, been fined or disciplined in any way or been the subject of any investigation by any state department?	<input type="checkbox"/>	<input type="checkbox"/>
g. Operating procedures changed?	<input type="checkbox"/>	<input type="checkbox"/>
h. Since last renewal, have there been any new claims or changes to existing claims?	<input type="checkbox"/>	<input type="checkbox"/>

3. Breakdown of annual written premium volume by line of coverage as of this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 By signing this application, the Applicant represents that the written premium figures provided in question 3 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.

<b>PERSONAL LINES:</b>	<b>Volume</b>
Automobile – Standard.....	\$ _____
Automobile - Non-standard .....	\$ _____
Homeowners – Standard .....	\$ _____

Homeowners – Non-standard (including FAIR Plans) .....	\$ _____
Personal Umbrella.....	\$ _____
Other (describe): .....	\$ _____
TOTAL PERSONAL LINES.....	\$ _____

**COMMERCIAL LINES**

Workers Compensation.....	\$ _____
Long Haul Trucking .....	\$ _____
Commercial Auto (including Livery) .....	\$ _____
Commercial General Liability .....	\$ _____
Commercial Property .....	\$ _____
Ocean/Wet Marine .....	\$ _____
Inland Marine .....	\$ _____
Bonds-Surety .....	\$ _____
BOP (Business Owners Policy) .....	\$ _____
Aviation.....	\$ _____
Commercial Umbrella/Excess.....	\$ _____
Physicians & Hospitals.....	\$ _____
Professional Liability .....	\$ _____
Trusts Homeowners - Nonstandard.....	\$ _____
Risk Retention Plans.....	\$ _____
Other (Describe).....	\$ _____
TOTAL COMMERCIAL LINES ...	\$ _____

**LIFE/ACCIDENT/HEALTH LINES:**

Individual Life .....	\$ _____
Group Life.....	\$ _____
Individual Health.....	\$ _____
Group Health.....	\$ _____
Accident.....	\$ _____

TOTAL LIFE/ACCIDENT/HEALTH LINES.. \$ \_\_\_\_\_

TOTAL ALL LINES... \$ \_\_\_\_\_

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the Insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely 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 Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**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. Penalties may include fines, imprisonment and denial of insurance benefits.**

**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, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: