



INSURANCE AGENTS & BROKERS PROFESSIONAL INDEMNITY APPLICATION

1. Name of Applicant:							
Address:							
Contact Name:		Title:		Email:			
Telephone:		Fax:		Website:			

2. Please list the percentage of your business derived from the following (total must equal 100%):					
Agent/Broker:	%	MGA/General Agent:	%	Reinsurance Broker/Intermediary:	%
Other (please specify)	%	<input type="checkbox"/> N/A			

3. Limits of Liability Desired:	a. each wrongful act or series of continuous, repeated or interrelated wrongful act	
	b. aggregate	

You may apply for defense costs to be in addition to or included within the above limits. Please indicate your preference.

Are defense costs to be in addition to the above-mentioned limits? Yes No

4. a. Are you owned or controlled by, or affiliated with any other firm, or have you purchased, merged or consolidated with any other firm in the past three years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach full details.
b. Do you have any subsidiaries?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list their names, type of operation, and whether or not you wish to apply for coverage for them:	
Name of Subsidiary	Type of Operation	Applying for Coverage		
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. a. Date you were established:		If less than three years, please attach a resume of all principals
b. List addresses of number of office locations:		

6. Do you anticipate any significant changes in the nature of your operation, or changes of 25% or more in the size of your operations, over the next 24 months?	<input type="checkbox"/> Yes	If yes, please attach details.
	<input type="checkbox"/> No	

7. a. Indicate your employee headcount:		Of these, indicate how many are:		
licensed brokers:		other management/professional:		administrative/other:

13. Please list your three largest commercial clients together with the services provided and revenues derived from each:		
Client	Services	Revenue

14. Please indicate the percentage of your total premium volume from the following: (Total of all lines must equal 100%)										
a. Personal Lines:	Auto:	%	Homeowners:	%	Marine:	%	Other:	%		
Give details of "other"										
b. Commercial Lines	Auto:	%	Comm. Property	%	Marine:	%	PL/D&O	%		
	Medical Malpractice	%	Worker's Comp	%	Other:			%		
Give details of "other"										
c. Group Life/A&H	Term Life	%	LTD	%	STD	%	Health	%	LTC	%
	Whole Life	%	Universal Life	%	Fixed Annuities	%	Accident AD&D	%	Other	%
Give details of "other"										

15. Please describe any industries or lines of business in which you specialize:

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16. Please indicate if you have or if you provide the following:	
Claims Adjusting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claims payment authority. If yes indicate maximum amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspections, Safety Engineering, Loss Control or Risk Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Issuance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reinsurance Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Do you:	
Have written standard operating procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date stamp all incoming mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document client's refusal to accept coverage or limit recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have an approved list of carriers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm verbal binders in writing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appoint sub-agents	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. a. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details.
b. Has your professional liability insurance ever been declined or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details.

19. a. Do you currently have professional liability insurance in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following for your three most recent policies.				
Expiry Date	Name of Insurer	Limit of Liability	Deductible	Ann. Premium
b. What is the retroactive date or the length of time coverage has been continuously in force.				

20. Does any director, officer, employee or partner of yours have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details.
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21. Have you or any of your directors, officers, employees or partners ever been the subject of a disciplinary action, investigation or complaint as a result of any professional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details.
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22. Please attach a list and status of all professional liability claims made during the past five years against you or any director, officer, employee or partner. If none, please check below: <input type="checkbox"/> None

All written statements and materials furnished in conjunction with this application are hereby incorporated into this application and made a part hereof.

This application does not bind you to buy, nor us to issue the insurance, but it is agreed that this application shall be the basis of the contract between us should a policy be issued, and it will be attached to and made a part of the policy. You declare that the statements set forth in this application are true. You agree that if the information supplied in this application changes between the date stated below and the time when the policy is issued, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Applicant's Signature

Date

Title