
Name Of Insurance Company To Which Application Is Made
(herein called the company)

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE AND REPORTED BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant:

Address:

Office Telephone:

2. Specify if: Individual Partnership Corporation Other(Explain)

3. Limits of Liability Desired:

(Each Wrongful Act or series of continuous, repeated or interrelated Wrongful Acts/ Aggregate)

\$100,000/\$300,000 \$200,000/\$600,000 x \$500,000/\$500,000

\$1,000,000/\$1,000,000 Other

4. Deductible: \$1,000 \$2,500 \$5,000 \$10,000 other:

5. Effective Date Desired:

Year Established:

6. If the applicant is owned or controlled by another entity, give full details
(name of entity, percentage owned/controlled, etc.)

7. List all office locations besides the one listed in question 1.

8. Please give the approximate percentage breakdown of the total of your premium volume and fees as:

AGENT.....	%
BROKER.....	%
MANAGING GENERAL AGENCY.....	%
REINSURANCE INTERMEDIARY.....	%
EXCESS OR SURPLUS LINES BROKER.....	%
CONSULTANT (for fee).....	%
RISK MANAGER (for fee).....	%
THIRD PARTY ADMINISTRATORS (for fee)....	%
Other (explain below).....	%

MUST TOTAL 100%

LINES OF BUSINESS WRITTEN AND INSURANCE OPERATIONS OF APPLICANT

We are interested in knowing what lines of business make up the premium volume written by the applicant THIS PAST YEAR, and what other insurance operations, for a fee, applicant is engaged in.

Break it into five (5) major areas:

- (a) Standard Business.
- (b) Non-Standard and Surplus Lines Business.
- (c) Consulting and/or Risk Management Services
- (d) Life and Health products.
- (e) Third Party Administration.

9. STANDARD BUSINESS

- (a) Total Standard Commissions \$
- (b) Total additional incomes such
As contingent commission \$

10. NON-STANDARD AND SURPLUS LINES BUSINESS- Non standard business business includes: Surplus Lines, Brokerage Business from other agents or brokers, Fair Plans, Government Pools, and other distressed business the applicant controls or processes.

Total Non-Standard Business commissions:

Personal Lines \$
Commercial Lines \$

11. WHOLE-RETAIL- With respect to applicant's annual premium volume, what percentage do you place as a wholesaler and what percentage do you place as a retailer?

Wholesaler % Retailer %

12. CONSULTING AND/OR RISK MANAGEMENT SERVICES

- (a) Does the applicant engage in Risk Management Consulting? YES NO
If your answer is Yes, state what type of consulting is performed:

Enclose a copy of one of your surveys and written reports completed for a commercial account.

Annual Income from Risk Management services \$

- (b) Does the applicant perform Loss Control, OSHA, Loss Prevention, or Safety Inspection service?
YES NO

If yes, give a statement as to the number of personnel employed, their credentials and their work history.
Specify service performed.

Annual Income from this service \$

13. LIFE AND ACCIDENT & HEALTH PRODUCTS

Annual Commissions \$

14. THIRD PARTY ADMINISTRATOR

- (a) Does the applicant act as a third party administrator (TPA)?
YES NO

If Yes, state what work is performed for what class of business and attach a copy of the contract(s) used.

- (b) Annual Income from this service? \$
(c) How many staff members are involved in the TPA operations?

15. Total All Commissions & Other Income \$
(sum of 9, 10, 12, 13 and 14)

16. STANDARD BUSINESS

List by company name, all *admitted* insurance carriers you place standard business with and give the estimated % of your total premium placed with that company.

CARRIER	VOLUME	% OF TOTAL
---------	--------	------------

17. **NON-STANDARD BUSINESS**

List by company name all non-admitted and non-standard carriers including Brokerage Houses (intermediaries) and governmental facilities/plans where you place business and give the estimated % of your total premium placed:

CARRIER/FACILITY PLAN	VOLUME	%OF TOTAL
-----------------------	--------	-----------

18. The following is a breakdown of your volume of business by line of cover:

TOTAL Life and A&H	\$	Volume
--------------------	----	--------

Standard Personal Lines:

Automobile	\$	Volume
Homeowners	\$	Volume

List of other Standard

Personal lines written by line:

\$	Volume
\$	Volume
\$	Volume
\$	Volume

TOTAL Standard Personal Lines

Standard Commercial Lines:

Worker's Compensation.....	\$	Volume
Commercial Auto.....	\$	Volume
Commercial Multi-peril.....	\$	Volume
Inland Marine.....	\$	Volume
Wet Marine.....	\$	Volume
Other Commercial Property.....	\$	Volume
Bonds-All other.....	\$	Volume
Bonds-Surety.....	\$	Volume
Aviation.....	\$	Volume
Umbrella/Excess.....	\$	Volume
Physicians & Hospitals		
Professional Liability.....	\$	Volume
Other Professional Liability/D&O.....	\$	Volume
Other.....	\$	Volume

\$	Volume
----	--------

TOTAL Standard Commercial Lines

Non-Standard Business:

Non-Standard Personal Lines.....	\$	Volume
Non- Standard Commercial Auto.....	\$	Volume
Brokerage business from other		
agents or brokers.....	\$	Volume

Assigned Risk, Governmental

Pool and Fair Plan.....	\$	Volume
Surplus Lines.....	\$	Volume
Other	\$	Volume

TOTAL Non-Standard Lines	\$	Volume
--------------------------	----	--------

TOTAL ALL Premium produced	\$	= 100%
----------------------------	----	--------

19. Has any policy of or application for similar insurance on the applicant's behalf or any of its partners, executive officers, directors, salespersons (whether employees or independent contractors), employees, or on behalf of any predecessors in business ever been declined, cancelled or renewal refused?

20. Have any professional liability (E&O) claims been made during the past five years against the applicant or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees, or any predecessors in business? YES NO

If yes, describe the incident which caused the claim, the date it occurred, the amount of reserve or indemnity paid and estimated expenses paid as respects the claim. Attach a separate page giving this information.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage.

21. Does any prospective Insured have knowledge or information of any circumstances or any allegations or contentions of any incident which may result in any claim being made against the applicant or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees, or any predecessors in business? YES NO

If yes, give particulars

22. During the past five(5) years, has the name of the applicant been changed or has any other business been purchased, merged or consolidated with the applicant? YES NO

If yes, give details

23. Information regarding personnel, their education, work history, and professional experience:

(a) Give the number of and names of licensed agents, licensed brokers, licensed solicitors, partners, officers of the corporation and stockholders active in the business and considered employed (their FICA taxes are paid by the applicant). Include their years of experience and the year in which they obtained their license.

(b) Unlicensed staff

(c) Name all agents, brokers and solicitors who are considered independent contractors (paid by use of IRS 1099 form).

25. MISCELLANEOUS

(a) Give the territory of operation other than your state; list by state and county

(b) Give the premium volume by class of business written outside the USA continental limits:

26. Please complete the following regarding the applicant's professional liability insurance for the past three years:

NAME OF INSURER	LIMITS OF LIABILITY	DEDUCTIBLE	POLICY PERIOD	PREMIUM
------------------------	--------------------------------	-------------------	--------------------------	----------------

27. List the professional organizations you are an active member of:

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

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER 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 BIND THE INSURANCE.

NOTICE: IN SOME STATES, 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. IN NEW YORK, A PERSON WHO COMMITS SUCH CRIME SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S
SIGNATURE: _____

PRODUCER:

TITLE:

ADDRESS:

DATE:

PLEASE READ FURTHER

PLEASE READ THE FOLLOWING STATEMENT 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 Insurer shall not be liable for the costs of legal defense or 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 that are incurred shall be applied against the deductible amount.

Insured:

By:

Title:

Date:

Supplementary Page

Please reference the number of the question to which these responses apply.