



**Name of Insurance Company to which Application is made (the "Insurer")
INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION**

1. Name of Applicant (include all dba's): _____

Primary Address: _____

City, State and Zip Code: _____

Are there any branch offices? Yes No If "Yes", how many? _____ In What States? _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

2. Ownership:

A. Are you owned or controlled by, or affiliated with any other firm Yes No If "Yes", please attach details.

B. Have you purchased, merged or been consolidated with any other firm in the past three years? Yes No If "Yes", please attach details.

C. Do you have any subsidiaries? Yes No If "Yes" list their names, type of operation, and whether or not you wish to apply for coverage for them (Use a separate sheet if necessary):

<u>Name of Subsidiary</u>	<u>Type of Operation</u>	<u>Applying for Coverage</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3. Date your firm was established: _____ (If less than three full years, please attach a resume of all principals with prior agency/brokerage management experience).

4. Please list the percentage of your business derived from your activities in each role (total must equal 100%):

Agent/Broker: _____% *MGA/MGU/General Agent/Program Administrator: _____%

Wholesaler: _____% Reinsurance Broker/Intermediary: _____%

Other: _____% (Specify) _____

***If you are in whole or in part an MGA, MGU, General Agent, and/or Program Administrator please complete the MGA/GENERAL AGENT/PROGRAM ADMINISTRATOR supplemental application**

5. Limits of Liability Desired:

\$_____ each wrongful act or series of continuous, repeated or interrelated wrongful acts

\$_____ aggregate

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

Defense costs to be in addition to the above limits Yes No

6. Deductible Desired:

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other _____

You may apply to have the deductible apply to damages only or to both damages and defense costs.

Please indicate your preference: Deductible to apply to damages only Yes No

7. Changes in Operations:

A. 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? Yes No If "Yes", please attach details.



B. Do you anticipate writing any new lines of coverage in the next 12 months? Yes No
 If "Yes", please provide details. _____

8. Staffing:

A. Indicate your total agency headcount (**including self**): _____. Of these, indicate how many are:

	Employed Full Time	1099 Full Time	Employed Part Time	1099 Part Time	Total
Licensed Agent or Broker					
Other Management Professional					
Administrative/Other					

B. List the names of all partners, principals and key employees below: (**Please include yourself**)

<u>Name</u>	<u>Years in Insurance</u>	<u>Years Licensed</u>	<u>Years with Applicant</u>	<u>Professional Designations</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. During the past five years have there been any changes in management structure, including any additions or deletions of any principals, owners or managers? Yes No
 If "Yes", please provide details: _____

D. Are you a member of any cluster arrangements? Yes No
 If "Yes", please provide details: _____

9. Independent Contractors:

- A. Do you have independent contractors? Yes No
 Are they exclusive, i.e., do they place coverage only through your firm? Yes No
- B. Do you wish to cover them as insureds under your policy? Yes No
 If coverage is desired, you may either provide the names of those to be covered or you may elect coverage on a blanket basis by checking here:
- C. Do you maintain and update license information on all independent contractors? Yes No
 Do you require independent contractors to maintain their own professional liability insurance? Yes No

10. List professional associations to which you belong: _____

11. Revenues:

A. Please indicate your premium volume and gross insurance commissions and fees for the past two years and an estimate for the current year:

Year	P&C Premiums	Life/A&H Premiums	Gross P&C Commissions and Fees (before split with others)	Gross L/A&H Commissions and Fees (before split with others)

B. How many P&C policies did you place in the past year _____; how many Life/A&H policies _____



12. Please indicate and describe your non-insurance business revenues for the past two years:

<u>Year</u>	<u>Non-Insurance Revenue</u>	<u>Sources</u>
_____	\$ _____	_____
_____	\$ _____	_____

13. Please list all insurers where you have placed business in the past two years. Use additional sheets if necessary:

<u>Insurer</u>	<u>Annual Premium Volume</u>	<u>Years Represented</u>	<u>Do You Have Underwriting Authority?</u>	<u>Line of Business</u>	<u>A.M. Best Rating</u>
			<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		

14. Please list your three largest commercial clients together with the services provided and revenues derived from each:

<u>Client</u>	<u>Services You Provide</u>	<u>Your Revenues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Please indicate the percentage of your total premium volume from the following: (**Total of all sections combined must equal 100%**)

Personal Lines:

Standard Auto _____% Umbrella _____% Non-Std Auto _____%
 Marine _____% Homeowners _____% Other _____% (Specify) _____

Commercial Lines:

Auto (except long haul trucking) _____%	Workers Comp (Retro) _____%
Long Haul Trucking _____%	Workers Comp (Non-retro) _____%
BOP/SMP _____%	Fidelity _____%
GL/Products _____%	Surety _____%
Commercial Property _____%	Aviation _____%
Inland Marine _____%	Crop _____%
Ocean Marine _____%	Professional Liability/D&O _____%
Medical Malpractice _____%	Other (Specify) _____%

Group Life/Accident & Health:

Life _____%	Fully Insured Health _____%
LTD _____%	Self-Insured Health _____%
STD _____%	METS/MEWAS _____%
Dental _____%	Stop Loss _____%
Other _____% (Specify) _____	



Individual Life/Accident & Health:

Term Life _____%	Whole Life _____%
LTD _____%	Universal Life _____%
STD _____%	Fixed Annuities _____%
Health _____%	Accident/AD&D _____%
LTC _____%	Credit Life _____%
Split Dollar _____%	Premium Financed Life _____%
COLI/BOLI _____%	Other _____% (Specify) _____

16. Please provide a breakdown of **client** industries served for Commercial Property & Casualty placement only. If **not** applicable, please check here

Transportation _____%	Construction _____%	Legal _____%
Warehouse _____%	Medical/Hospital _____%	Technology _____%
Manufacturing _____%	Government _____%	Insurance _____%
Hospitality (including bars, restaurants, inns, etc.) _____%		
All Other _____% (breakdown of other): _____		

17. Broker/Dealer Exposure:

A. If you desire coverage as a registered representative, please indicate your commissions derived from each of the following, or check here: coverage not desired.

Variable Life _____ Stocks and Bonds _____ Variable Annuities _____
 Pension Plans _____ Mutual Funds _____ 401-K Plans _____

B. Name of Broker/Dealer with whom you are affiliated: _____
 Years Affiliated: _____

C. Please provide the number of employees requesting coverage who have the following licenses:

Series 6: _____ Series 7: _____

D. Do you have coverage through the broker/dealer? Yes No

E. Have there been any U-4 or U-5 violations? Yes No If "Yes", please attach details.

18. Please indicate if you provide the following services:

	<u>Yes</u>	<u>No</u>
A. Claims Adjusting	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", do you have the authority to deny claims?	<input type="checkbox"/>	<input type="checkbox"/>
B. Claims Draft Authority. If yes indicate maximum amount: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Inspections, Safety Engineering, Loss Control or Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
D. Policy Issuance	<input type="checkbox"/>	<input type="checkbox"/>
E. TPA Services	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please describe:		

F. Reinsurance Placement Yes No

G. Actuarial Service Yes No

H. Underwriting Yes No

If "Yes", please complete the MGA Supplemental Application.

19. Do you:

	<u>Yes</u>	<u>No</u>
A. Have written standard operating procedures	<input type="checkbox"/>	<input type="checkbox"/>
B. Date stamp all incoming mail	<input type="checkbox"/>	<input type="checkbox"/>
C. Document client's refusal to accept coverage or limit recommendations	<input type="checkbox"/>	<input type="checkbox"/>
D. Have an approved list of carriers	<input type="checkbox"/>	<input type="checkbox"/>
E. Confirm verbal binders in writing	<input type="checkbox"/>	<input type="checkbox"/>



F. Appoint sub-agents

20. Computer Systems:

- A. How often is your computer system backed up? _____
- B. Are the backups kept on-site or off-site? _____
- C. Can coverage be bound via your website and/or does your website link to any other website which provides the ability to bind coverage online? Yes No Do not have a website

21. In the past five years, have you:

- A. Discontinued any program or classes of business you are not currently involved with that accounted for more than 10% of your volume? Yes No
- B. Placed coverage with or referred clients to any Self Insured/Captive; Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA) Yes No
- C. Been involved in the establishment or management of any Risk Retention Group (RRG); Risk Purchasing Group (RPG); Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA); Insurance Company (including but not limited to any Captive) or any similar organization? Yes No
- D. Been involved in any structured settlement, viatical settlement, or the placement of any vanishing premium life insurance policy? Yes No
- E. Been involved with the establishment or management of any fronted program? Yes No
If "yes" to any of the above, please attach an explanation including the name of the program(s), carrier(s), extent of coverage(s) provided, and administrative duties performed.

22. Cancellation:

- A. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production? Yes No If "Yes," please attach details.
- B. Has your professional liability insurance ever been declined or cancelled? Yes No If "Yes," please attach details.

23. Do you currently have professional liability insurance in force? Yes No If "Yes," please provide the following for your five most recent policies:

<u>Expiration Date</u>	<u>Name of Insurer</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retroactive date or length of time coverage has been continuously in force: _____

- 24. After inquiry, does any owner, director, officer, employee, independent contractor 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? Yes No If "Yes," please attach details and advise whether or not the potential claim has been reported to any carrier.
- 25. After inquiry, have you or any of your owners, directors, officers, employees, independent contractors or partners ever been the subject of a disciplinary action, investigation or complaint as a result of any professional activities? Yes No If "Yes," please attach details.
- 26. After inquiry, have there been any claims, lawsuits, demands, or other forms of threat of legal action against your firm, any owners, directors, officers, employees, independent contractors or partners in the last five years? Yes No If "Yes," how many? _____(please attach details.)

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.

PLEASE NOTE THE FOLLOWING:

(ALL STATES EXCEPT AR, CO, FL, HI, KY, ME, VA, NJ, NM, NY, OH, OK, PA and TN): 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.

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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 OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: 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.

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

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.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.



NEW YORK APPLICANTS: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH 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.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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.

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Print Name and Title

Applicant's Signature/Title

Date

Send Completed Application To:

	2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com
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Submissions@businessriskpartners.com