



# INSURANCE BROKER'S PROFESSIONAL LIABILITY INSURANCE APPLICATION FORM

(This is an application for a claims made policy.)

**INSTRUCTIONS: 1 Application must be complete and legible. Please attach additional sheets as needed.**

**2 If answer to any question is 0 or none, this must be indicated. Failure to do so will result in a rejected application.**

**3 For New Business/Start up agency—if business in operation LESS than 3 years, you must forward a resume of prior insurance and management experience with the application. You must project Questions 10, 13, and 14. (N/A, new business, TBD are not acceptable responses.)**

1. Agency's Legal Entity Name  
(proposed primary named insured) \_\_\_\_\_

2a. Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

b. Does the agency have additional locations?  Yes  No *If "Yes", please list address of additional location(s):*

3a. Please list names of Owners and % owned \_\_\_\_\_

b. Names and addresses of parent and subsidiary operations, and % owned \_\_\_\_\_

c. Ownership in other entities and % owned \_\_\_\_\_

4. The applicant is:  individual  partner  corporation  other (describe) \_\_\_\_\_

Date agency established \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of years owner insurance experience \_\_\_\_\_ Date owner first P&C License \_\_\_\_/\_\_\_\_/\_\_\_\_

*If agency is less than three years, resumes of all owners must be provided otherwise processing will be delayed.*

5. During the past five years:

a) has the name of the firm been changed? .....  Yes  No

b) has any other firm been purchased, merged or consolidated with the applicant? .....  Yes  No

c) has the applicant ever placed coverage or had involvement with self-insured/self-funded plans, captives, Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET), Multiple Welfare Arrangements (MEWA) or stop loss products? .....  Yes  No

d) Has the applicant participated in a cluster arrangement? .....  Yes  No

e) Does the applicant participate in any agency networks such as Superior Access, SIAA (Strategic Independent Agents Alliance), Iroquois Group, AgentSecure, The Insurance Noodle, Smartchoice, etc? .....  Yes  No

***If "Yes" to any part of question 5 above, please give details on a separate sheet(s).***

6. What is the total number of partners, staff, and office brokers? (If sole proprietor please list yourself as an owner.)

a) owners, officers, directors, partners \_\_\_\_\_ b) all other employees \_\_\_\_\_ c) independent contractors\* \_\_\_\_\_

*\*1099 contractors are excluded by the policy form, unless added by endorsement. A separate application must be completed for each 1099 contractor and is subject to underwriting review and approval.*

Do you want to cover any 1099's under this policy? .....  Yes  No  N/A

Are E&O Certificates of Insurance required from sub-producers? .....  Yes  No

7. Percentage of **Property & Casualty** business placed:

a) Direct with carriers..... \_\_\_\_\_ % b) Through brokers (including surplus lines) \_\_\_\_\_ % c) Through MGAs \_\_\_\_\_ %

d) Through retail agencies \_\_\_\_\_ % e) As broker (including surplus lines) ..... \_\_\_\_\_ % f) As MGA ..... \_\_\_\_\_ %

g) Through other insurance intermediaries (describe) \_\_\_\_\_ %

8. If applicant is involved in any of the following activities, *please show percentage of total revenue received from each activity:*

- |   |  |         |   |  |         |
|---|--|---------|---|--|---------|
| a) real estate .....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % | f) third party administrator ....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |
| b) mutual funds.....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % | g) law practice.....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |
| c) premium financing .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % | h) underwriter for a pool of<br>companies ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |
| d) claims adjusting.....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % | i) insurance consulting/<br>advising .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |
| e) loss prevention<br>engineering ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % | j) investment lines.....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |

8k Is the applicant engaged in any activities other than those already listed in questions 7 and 8?.....  Yes  No

**If "Yes", please list additional activities and indicate percent of total revenue from each on additional sheet.**

**NOTE: No coverage is granted for activities listed in the previous question 8 unless specifically agreed by endorsement to the policy.**

9. Does the applicant place business with Lloyds underwriters? *If "Yes", please give the approximate percentage of your total commission/brokerage derived therefrom:*

- |   |  |         |
|---|--|---------|
| a) directly through any firm of Lloyd's brokers in London? .....                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |
| b) indirectly through the intermediary of another North American agent or broker? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ % |

10. What is the annual percentage breakdown by line of business of the applicant's annual premium income (total all lines)?

**PERSONAL LINES**—————

- |                                   |         |
|-----------------------------------|---------|
| a) auto standard.....             | _____ % |
| b) auto non-standard.....         | _____ % |
| c) property (dwelling) .....      | _____ % |
| d) other ( <i>specify</i> ) ..... | _____ % |

**LIFE & HEALTH**—————

- |                                   |         |
|-----------------------------------|---------|
| e) life .....                     | _____ % |
| f) accident & health .....        | _____ % |
| g) fixed annuities.....           | _____ % |
| h) other ( <i>specify</i> ) ..... | _____ % |

**COMMERCIAL LINES**—————

- |  |         |
|--|---------|
| i) fire & e.c. (commercial lines).....     | _____ % |
| j) substandard fire.....                   | _____ % |
| k) excess liability/umbrella.....          | _____ % |
| l) medical malpractice .....               | _____ % |
| m) epli .....                              | _____ % |
| n) general liability/package policies..... | _____ % |

**COMMERCIAL LINES, Cont'd**—————

- |  |         |
|--|---------|
| o) workers compensation.....   | _____ % |
| p) commercial auto .....   | _____ % |
| q) professional liability, d&o, e&o ( <i>specify type</i> )<br>..... | _____ % |
| r) long haul trucking .....  | _____ % |
| s) crop insurance .....  | _____ % |
| t) performance bond .....  | _____ % |
| u) license and permit bond.....                                      | _____ % |
| v) fidelity bond .....   | _____ % |
| w) bid bond.....   | _____ % |
| x) other bond ( <i>specify</i> ) .....                               | _____ % |
| y) marine ( <i>specify type</i> ) .....                              | _____ % |
| z) aviation (supplemental required) .....                            | _____ % |
| aa) other ( <i>specify</i> ) .....                                   | _____ % |

**TOTAL ALL LINES** (a through aa above) **must add up to .... 100 %**

11. What percentage of the applicant's business is (*11a and 11b must total 100%*):

- |  |         |   |         |
|--|---------|---|---------|
| a) received direct from insureds (retail)? ..... | _____ % | b) accepted from other producers (wholesale)? ..... | _____ % |
|--|---------|---|---------|

12. What percentage of the applicant's business is written on a non-admitted/surplus lines basis?..... \_\_\_\_\_ %

**This question must be completed—if zero, list zero. (If over 15%, supplemental is required)**

13. Please provide:

	LAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS
a) Total P&C Gross Premiums Written Annually.....	\$ _____	\$ _____
b) Total Gross Annual P&C Commissions .....	\$ _____	\$ _____
c) Total Gross Annual Life/A&H Commissions .....	\$ _____	\$ _____
d) Income Derived from Other Insurance-Related Activities ( <i>describe</i> ): _____	\$ _____	\$ _____

*Commissions shown in Question 13b above cannot exceed written premium shown in 13a above; all business written by the insured, both new and renewal, must be included on all applications.*

e) Does the Applicant derive revenues from any activities not shown in items 13b-13d above? .....  Yes  No

If "Yes", please describe: \_\_\_\_\_

**Over \$2,000,000 in net income? Contact Rockwood Programs for assistance.**

14. List the top four P&C companies by premium income with which you place business and show the percentage of dollar volume placed with each (this question must be completed): (*If placing coverage through a MGA/Broker you MUST list the carrier. Do not list MGA's/Brokers.*)

INSURANCE COMPANY	ADMITTED?	PERCENT VOLUME PLACED	CURRENT A.M.BEST INSURANCE RATING <small>Available at www.ambest.com</small>
_____	<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	_____ %	_____

15. a) Does the applicant possess any binding authorities? .....  Yes  No *If "Yes", do you have binding authority without PRIOR carrier approval or only AFTER carrier approval? .....*  Without prior approval  Only after carrier approval

b) Does the applicant possess any underwriting authorities?.....  Yes  No *If "Yes", describe levels and percentage written.*

16. a) does applicant delegate binding authority to sub-producers?.....  Yes  No      c) does applicant have authority to deny claims?  Yes  No  
 b) does applicant adjust claims? .....  Yes  No      d) does applicant negotiate/purchase reinsurance?  Yes  No

17. How is the applicant kept informed of changes in legislation that might affect your firm, clients or carriers (*answer required*)?

18. Office Procedures:

a) Does the agency utilize a computerized production and accounting system? .....  Yes  No

b) Is the agency quoting on-line with a carrier? .....  Yes  No

*Name of carrier:* \_\_\_\_\_ *Volume:* \$ \_\_\_\_\_

c) Does the agency have a website? .....  Yes  No

*Name of home page and/or web-site:* \_\_\_\_\_

*If "yes" is it used for marketing or sales?.....*  Yes  No

*If "yes" are applications completed/submitted through the Internet?.....*  Yes  No

*Note: coverage for e-commerce exposures available via endorsement*

d) Is incoming mail date stamped?.....  Yes  No

e) Are copies of binders mailed to the insured and/or company within specified guidelines? .....  Yes  No

- 18 f) Is there a procedure for documenting files and 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 are notified of cancellation or material changes? .....  Yes  No
- j) Is there a back-up procedure for computerized production? .....  Yes  No
- k. Does the agency have a diary/suspense system? .....  Yes  No
- l) Does the applicant have an office manual? .....  Yes  No  
 Is a copy signed by all employees? .....  Yes  No
- m) Does the applicant have a specific orientation program for new employees?.....  Yes  No
- n) Have you attended an E&O seminar in the last 15 months? .....  Yes  No

19. Please give full particulars of all prior agent's E&O coverage you have had in the past five years:

INSURER	LIMITS	DEDUCTIBLE	POLICY PERIOD	PREMIUM
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____

20. This application is requesting coverage for:  P&C only  P&C and Life/A&H

21. Has any application for insurance made on behalf of the firm or any of the present partners or, to the knowledge of the firm, on behalf of their predecessors in business, ever been declined or has any such insurance ever been cancelled or renewal refused?.....  Yes  No
22. Has the applicant or any partner or employee of any applicant proposed for insurance ever been subject to disciplinary action by any state licensing agency or other regulatory body? .....  Yes  No
23. Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or, to the knowledge of the firm, against any past partners? .....  Yes  No
24. Is the firm aware, after enquiry, of any circumstances which may result in any claims being made against the firm, their predecessors in business or any of the present or past partners?.....  Yes  No
25. Has the agency ever paid an uninsured loss out of company funds?.....  Yes  No

***If answered "Yes", to any question(s) 21 through 25 above, MUST give full particulars on separate sheet.***

26. a) Limit required? \$ \_\_\_\_\_ b) Deductible? \$ \_\_\_\_\_ c) Retro Date? \_\_\_\_\_

**I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL I/WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON OR ATTACHED TO THIS APPLICATION CHANGES BETWEEN THE TIME THIS APPLICATION IS EXECUTED AND THE TIME THAT THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES; AND THE UNDERWRITERS RESERVE THE RIGHT TO AMEND TERMS IF UNDERWRITERS CONSIDER ANY CHANGES TO BE MATERIAL. SIGNATURE ON THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.**

**Applicant's signature must be an owner, officer or partner of the agency. Applicant must sign and date the application.**

Name of Firm \_\_\_\_\_ By \_\_\_\_\_  
Owner, partner or officer (must be signed)

Date \_\_\_\_\_ Title \_\_\_\_\_