

Instructions:

- Answer all questions. Insert 'none' or 'n/a' when appropriate;
- If an answer is yes and/or the space allotted is not adequate, provide details as a separate attachment;
- Complete, sign and date the application in ink.

I. General Company Information

1. Applicant Name: _____
(as to be used on the certificate if issued)

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Contact: _____ Phone #: (_____) _____

Email Address: _____ Facsimile #: (_____) _____

Website: _____

2. Additional Business Locations:

Name	Street Address	City	County	State	Zip Code	% of GWP
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. Applicant Ownership: Individual Partnership LLC/LLP Corporation Other: _____

4. Date Established: _____ (If less than 3 years, attach resumes of principals)
(MM/DD/YYYY)

5. List the states where the Applicant and all producers are licensed: _____

If the answer is yes to any of the following, provide details as a separate attachment

6. Is the Applicant controlled, owned, affiliated or associated with any firm, corporation or company? Yes No
During the past five years has the Applicant undergone a:

Name Change: Yes No

Ownership Change: Yes No

Merger, Acquisition or Consolidation with another firm: Yes No

If yes, complete Purchased or Merged Agency Supplement

Purchase of another agency's book of business (part of or total): Yes No

If yes, complete Purchased or Merged Agency Supplement

Reorganization or entry into an arrangement with creditors under state or federal law: Yes No

Association with a cluster: Yes No

If yes, complete Cluster Supplement

7. During the past ten years has the Applicant, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors had their professional license revoked, suspended, fined or disciplined; been the subject of any investigation by state insurance department, regulatory body or professional organization; or convicted of any felony charge? Yes No

8. Number of Applicant's Total Staff: (assign an individual to one category only)

Owners, directors, partners or principals:	_____	Employee Producers:	_____
Non-employee producers:	_____	CSRs:	_____
Others:	_____	Total:	_____

9. What percent of the Applicant's personnel has professional designations? %

What percent of Applicant's office staff has attended an insurance seminar in the last 12 months? %

An E&O Seminar? %

II. Professional Services and Revenues

10. What is Applicant's total annual revenue? \$ _____

11. What percent of Applicant's total revenue is generated from:

Property and Casualty:	_____ %	Life, A&H and Disability:	_____ %
Claims Adjusting:	_____ %	Mutual Funds & Variable Annuities:	_____ %
Loss Prevention/Safety Engineering:	_____ %	Stocks, Bonds and Investment Products:	_____ %
Reinsurance Intermediary:	_____ %	Financial Planning:	_____ %
Premium Financing:	_____ %	Registered Investment Advisory Services:	_____ %
Actuarial Services:	_____ %	Real Estate Agency:	_____ %
Third Party Administrators:	_____ %	Real Estate Appraisal:	_____ %
Loan Origination:	_____ %	Marketing of Employers Organization Service:	_____ %
Accounting:	_____ %	Other: (provide details if > 5%)	_____ %

Total: 100 %

12. What is Applicant's annual Gross Written Premium from Property and Casualty (P&C) Business? \$ _____

Property and Casualty Business

13. Percent Breakdown of P&C Premium Volume:

A. Commercial Lines

- Automobile – standard _____ %
- Automobile – nonstandard _____ %
- SMP/BOP _____ %
- CGL _____ %
- Umbrella _____ %
- Workers Compensation _____ %
- Long Haul Trucking _____ %
- Inland Marine _____ %
- Ocean/Wet Marine _____ %
- Bonds _____ %
- Aviation _____ %
- Medical Malpractice _____ %
- Professional Liability (D&O, E&O) _____ %
- Farm owners & Livestock Mortality _____ %
- Crop/Hail _____ %
- If any percentage is entered in crop/hail, complete Crop Supplement*
- Other (provide details if > 5%) _____ %
- Commercial Lines-subtotal _____ %

B. P&C Business placed as:

- Agent _____ %
- Broker _____ %
- Managing General Agent or Underwriter _____ %
- Wholesaler _____ %

Total: 100 %

Personal Lines

- Automobile – standard _____ %
- Automobile – nonstandard _____ %
- Homeowners _____ %
- Flood _____ %
- Umbrella _____ %
- Pleasure Boats _____ %
- Other (provide details if > 5%) _____ %
- Personal Lines-subtotal _____ %

Commercial Lines & Personal Lines = **Total: 100 %**

14. List the top ten companies Applicant places insurance with:

Company Name	Directly Placed	Years Represented	Binding Authority	% of GWP Volume	Admitted	Best's Rating
CNA Insurance Companies	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 <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 <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 <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"/>	_____

15. List carriers with whom the Applicant (or predecessors) contracts have been terminated within the last five years.

Company Name	Brief description of reason for termination
_____	_____
_____	_____

III. Office Procedures

16. Does Applicant have written documentation detailing office procedures? Yes No
17. Does Applicant conduct an orientation and training program for all new employees? Yes No
18. How long are Applicant's records maintained? _____ years
19. Is there a procedure for checking insurance carriers' financial rating? Yes No
If yes, what frequency? _____
20. Is there a procedure for surplus lines tax filings? Yes No
21. Does Applicant utilize an: *(check as many as apply)*
- Automated computer system Yes No
- Automated Accounting system Yes No
- Automated Agency management system Yes No
- Online carrier system Yes No
22. Is there a procedure for documenting all phone conversations? Yes No
23. Is an expiration list maintained? Yes No
If yes, which best describes Applicant's list? (check one only)
- Manually created Provided by Carrier
- Automated system Other Describe: _____
24. Is all incoming mail date stamped? Yes No
25. Does Applicant use a diary, suspense or follow-up system? Yes No
If yes, which best describes Applicant's system?
- Manually created
- Automated system
26. Does Applicant use an exposure checklist? Yes No
27. Are customers advised in writing when coverage cannot be bound when desired or as desired? Yes No
28. Does Applicant accept request to bind coverage via email? Yes No Voice mail? Yes No
29. Are declinations of coverage confirmed in writing with the carrier? Yes No
30. Are all binders confirmed in writing? Yes No
31. Does Applicant send, within 10 days, a written binder to the Insured? Yes No
Carrier? Yes No
32. Are Insureds advised in writing or special notation on the binder when there are restrictions of coverage or special endorsements apply? Yes No
33. Are all policies and endorsements checked for accuracy? Yes No
34. Is there a procedure to assure certificate holders, regulatory agencies or others are notified of cancellation or material changes? Yes No
35. Are requests required to be in writing when a customer desires their insurance reduced or eliminated? Yes No
36. Does Applicant advise customer in writing when their insurance has been cancelled/non-renewed? Yes No
37. Has an operational agency audit been done by an outside third party during the last two years? Yes No
38. Does Applicant have an annual financial audit conducted by an outside accounting firm or CPA? Yes No

IV. E&O Insurance

*If the answer is yes to any of the following, provide details on a separate attachment.
The responses need to be answered as it applies to the basic application and all supplemental coverages desired.*

39. List similar insurance carried during the past five years. Check if none

Carrier	Policy Period	Policy #	Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

40. Has Applicant ever purchased an extended reporting period endorsement? Yes No

41. Has an application for similar insurance on behalf of the Applicant, other predecessors in business, past or present directors, officers or principals been non-renewed, canceled, or rescinded? Yes No

42. Does Applicant require non-exclusive, non-employee producers to carry E&O? Yes No

43. During the past five years has any claim been made or suit brought against the Applicant, any other past or present directors, officers, partners, principals, predecessors in business, employees or contractors? Yes No
If yes, complete the claims supplement for each claim.

44. Is the Applicant, any other predecessors in business, past or present directors, officers, partners or principals, employees or contractors aware of any fact, circumstance, or situation which may result in a claim being made against the Applicant or covered individuals? Yes No
If yes, complete the claims supplement for each claim.

Policy Coverage Desired

45. Limits of Liability: Per claim _____ Policy Aggregate _____ Indemnity Only
 Indemnity and Expenses
 Retention: _____ Indemnity Only
 Indemnity and Defense Expenses

46. Does Applicant desire Prior Acts coverage? Yes No
 If yes, what is the date of Applicant's earliest policy(s) continuously in place? _____

47. Desired Policy Effective Date: _____/_____/_____

48. Does Applicant desire to add-on Coverages for: *A supplemental application must be completed for each coverage checked*
 Life, Annuities and Mutual Funds **or** Life, Annuities, Mutual Funds and Other Investment/Financial Products
 Accounting Services (non-CPA)

V. Signature and Representation

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or its failure to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorized the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.

Name Printed _____ Title _____

Signature X _____ Date ____/____/____

Application must be signed by an owner, officer, partner or principal of the Applicant