



INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION

1. Name of Applicant: _____
 Address: _____

Contact Name: _____ Title: _____
 Telephone: _____ Fax: _____
 E-Mail: _____ Web Site: _____

2. Please list the percentage of your business derived from the following (total must equal 100%):
 Agent/Broker: _____% MGA/General Agent/Program Administrator: _____%
 Wholesaler: _____% Reinsurance Broker/Intermediary: _____%
 Other: _____% (Specify) _____

3. Limits of Liability Desired:
 a) \$ _____ each wrongful act or series of continuous, repeated or interrelated wrongful acts
 b) \$ _____ 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

4. Deductible Desired:
 None \$1,000 \$2,500 \$5,000 \$10,000 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

5. 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? Yes No If yes, please attach details.

b) 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:

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

6. a) Date you were established: _____ If less than three years, please attach a resume of all principals.
 b) List total number of office locations: _____
 c) List states where offices are located: _____

7. 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.



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

b) List the names of all partners, principals and key employees below:

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

9. a) Do you utilize independent contractors? Yes No

b) If yes, 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 require independent contractors to maintain their own professional liability insurance? Yes No

10. List professional associations to which you belong: _____

11. a) Please indicate your premium volume and insurance commissions for the past two years:

<u>Year</u>	<u>P&C Premiums</u>	<u>Life/A&H Premiums</u>	<u>P&C Commissions</u>	<u>Life/A&H Commissions</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

c) Please indicate the number of life policies with face amounts between \$1 and \$5 million: _____ and greater than \$5 million: _____

d) Please indicate the total number of policies written on a direct bill basis: _____

12. Please indicate and describe your non-insurance 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:

<u>Insurer</u>	<u>Annual Premium Volume</u>	<u>Years Represented</u>	<u>Underwriting Authority</u>		<u>Line of Business</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"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____



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

<u>Client</u>	<u>Services</u>	<u>Revenues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Please indicate the percentage of your total premium volume from the following: (Total of all lines 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	_____ %
Other	_____ % (Specify) _____		

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

17. 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	_____



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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 have or if you provide the following:

	<u>Yes</u>	<u>No</u>
a) Claims Adjusting	<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"/>
f) Reinsurance Placement	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>

20. 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.

21. Do you currently have professional liability insurance in force? Yes No

If yes, please provide the following for your three 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: _____

22. 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? Yes No If yes, please attach details.



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23. 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? Yes No
If yes, please attach details.

24. 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 here: 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

Send Completed Application To: Monroe Insurance Brokerage, Inc.

NOTICE TO ARKANSAS RESIDENTS: 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.

NOTICE TO COLORADO RESIDENTS: 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 or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance with the department of regulatory agencies.

(Note: Colorado warnings may appear on either application or claim form.)

NOTICE TO FLORIDA RESIDENTS: 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.

NOTICE TO KENTUCKY RESIDENTS:

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



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of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE RESIDENTS: 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.

NOTICE TO NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO RESIDENTS: 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.

NOTICE TO NEW YORK RESIDENTS: 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 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.

NOTICE TO OHIO RESIDENTS: 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.

NOTICE TO OKLAHOMA RESIDENTS: 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.

NOTICE TO OREGON RESIDENTS: Any person who knowingly, and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA RESIDENTS Any person who knowingly and with intent to defraud any insurance company or other person files and 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.

Supplemental Claim Information

This form is to be used for liability claims only. Complete a separate form for each claim or group of claims arising from a common incident.

1. Name of Applicant: _____
2. Name of Claimant: _____
3. Date Claim Reported: _____, or Incident Report Only: Yes No
4. List all defendants and relationship to you: _____

5. Describe claim including date and type of alleged negligence: _____

6. Claims is currently Open Closed
7. Claim is/was in suit Yes No
8. Claim is/was covered by insurance Yes No If yes, insurer is: _____
9. For closed claims, indicate amount paid (a) for indemnity: _____ (b) for defense _____
10. For open claims, indicate amounts (a) paid so far for defense: _____ and (b) any reserve or cost estimates for remaining indemnity and defense: _____.
11. Claim resulted in adverse court judgment
 - resulted in out of court settlement
 - is on appeal
 - was dismissed

The information submitted herein becomes part of the application for insurance.

Signature of Applicant

Date

Return Completed Form to: Monroe Insurance Brokerage, Inc.