UNDERWRITERS DIRECT ACCESS

INSURANCE AGENTS PROFESSIONAL LIABILITY

1. General Information Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____
_____

Is this a new business? o Yes o No   If no, how many years have you been in business? _____

Applicant is: o Individual o Corporation o Partnership o Joint Venture o Other: _____

Annual Payroll: $ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? o Yes o No
If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	$	$	$

Has the Applicant or any predecessor ever had a claim? ○ Yes ○ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ○ Yes ○ No

If yes, please explain: _____

_____

_____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?
○ Yes ○ No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Limit of Liability:

- ○ $100,000 per accident / $ 300,000 aggregate
- ○ $200,000 per accident / $ 300,000 aggregate
- ○ $250,000 per accident / $ 500,000 aggregate
- ○ $250,000 per accident / $1,000,000 aggregate

Self-Insured Retention (SIR): ○ $1,000 (Minimum) ○ $1,500 ○ $2,500 ○ $5,000 ○ $10,000

4. Business Activities

1. Breakdown of Premium volume of Business by Line of Coverage in Past Year:

   Personal Lines/Commercial Lines:

   Automobile: $_____   Ocean/Wet Marine: $_____

   Homeowners: $_____   Other Personal Lines: $_____

   Bonds: $_____   Worker's Compensation: $_____

   Other Commercial Property: $_____   Aviation: $_____

   Worker's Compensation: $_____   Umbrella/Excess: $_____

   Commercial Auto: $_____   Physicians & Hospitals: $_____

   Commercial Multi-Peril: $_____   Professional Liability: $_____

   Inland Marine: $_____   Life, Accident & Health: $_____

   TOTAL ALL LINES: $_____

2. Year the business was established: _____

3. Is the business controlled, owned or associated with any other professional firm: ☐ Yes ☐ No
   If yes, please provide detail: _____

4. How many employees provide Professional services directly to clients? Full-time: _____ Part-time: _____

5. Is there any one client who provides more than 20% of the business income? ☐ Yes ☐ No
   If yes, identify the client by name and percentage (%)._____
   _____ %

6. What industry Professional Associations does the Company, or any employee, belong? _____
   _____
   _____

7. Does the Business have a contract in place with clients? ☐ Yes ☐ No
   If yes, please select: ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

8. Does the Applicant do business through independent contractors? ☐ Yes ☐ No
   If yes, please select:: ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

9. Percentage of business that is direct billed by carriers:
Auto: _____% Homeowners: _____% Commercial: _____% Other:_____%: _____

10. List the following information and identify all owners, partners, officers, directors, and licensees: (attach a separate sheet if necessary)

Name	Residence Address	Date Of Birth	Title	Soc. Sec. #	Yrs. Of Exp.

11. Name all Companies the applicant represents under direct Agent or Broker Agreements:

Company	Address	Date App'd.	Lines of Business	Volume

12. List General Agents, MGA's, and Surplus Line Brokers with whom you place business:

Name	Lines of Business	Companies Used	Volume

13. Please state percentage of business written through:
Assigned Risk or State Fund Pools: _____% Risk Purchasing Groups: _____%
Risk Retention Groups: _____% Alien Non-Admitted Carriers: _____%

14. Have any Companies, General Agents, or other markets withdrawn from your agency in the past three years?
☐ Yes ☐ No

If yes, please explain: _____
_____
_____

15. Name all companies for which the applicant acts as G.A., Managing General Agent, or Underwriting Manager:
_____
_____

16. Specify the maximum limit(s) the applicant is authorized to bind:
Fire & Inland Marine: $_____ Auto Physical Damage: $_____
General Liability: $_____ Homeowners: $_____
Auto Liability: $_____ Excess Liability: $_____

17. Does agency specialize in writing any one class of risk? ☐ Yes ☐ No
    If yes, what class? _____

18. How long writing this class? ____ Years

19. Percentage of Agency's volume? _____%

20. What Markets used: _____

21. Have any of the Business owners, principals, directors, officers, or employees ever been the subject of
    disciplinary or criminal actions as a result of their professional activities? ☐ Yes ☐ No
    If yes, please describe: _____
    _____
    _____

22. Have any professional liability claims ever been made against the Business, business owners, principals,
    directors, officers, or employees? ☐ Yes ☐ No
    If yes, please describe including name of claimant; type of service provided and allegation made; date claim
    was made; demand amount and final disposition including indemnity and expense amounts: _____
    _____
    _____

23. Does the Applicant, Applicant's owners, principals, directors, officers, or employees have any knowledge or
    information of any act, error or omission, which might reasonably give rise to a claim against any potential
    Insured or its predecessors in business? ☐ Yes ☐ No
    If yes, please describe: _____
    _____

24. It is understood and agreed that if the answer to the previous three queries is YES, any such claim or
    potential claim is specifically excluded from this proposed coverage.

25. List the prior Professional Liability Insurance Companies providing coverage for the past five years?

Name of Insurer	Period	Limit	Deductible	Any Claims?		Premium
				YES	NO	

26. Indicate all Insurance Professional Associations of which you are a member: ☐ IIAA ☐ PIA
    ☐ American Agent Alliance ☐ WAIB ☐ AAMGA ☐ NAPSLO ☐ Other:_____

27. List all State approved or Professional Association sponsored insurance, continuing education or educational
    seminars attended by agency Principal and Licensees during the past 12 months: _____
    _____

28. Retroactive Date of current policy (if any):_____

29. Have any claims or suits been made during the past five years against the applicant or any of its
    predecessors in business, or any of the past or present partners, directors, officers, solicitors, or employees?
    ☐ Yes ☐ No

30. If YES, attach statement giving detail and status of each claim including dates, amount of claim, deductible,
    payments, and open reserves). Please complete the attached disclosure and Warranty forms.

31. Staff:

	Full-Time	Part-Time
Principals		

	Full-Time	Part-Time
Agents/Brokers/Solicitors (not listed as Principals)		
Service/Raters		
Accounting/Bookkeeping		
Clerical/Filing		
Independent Contractors Do you want coverage for them? ☐ Yes ☐ No		
Other: _____		
TOTAL:		

32. Do persons responsible for the transaction of insurance speak and write English? ☐ Yes ☐ No

33. What other languages are spoken in your office or with your clients? _____

34. Does the agency utilize any form of computer or automation system? ☐ Yes ☐ No

35. What type: ☐ In-house ☐ Batch ☐ Manual ☐ Other – explain:_____

36. Name of Automation Vendor:_____

37. Name of Software System and Program: _____
    Version: _____ Date of Installation: _____

38. Hardware: ☐ Single User ☐ Multi-User: Number of stations: _____

39. Please indicate functions performed:

    ☐ Accounting   ☐ Claims   ☐ Renewal Lists

    ☐ Rating   ☐ MVRs   ☐ Applications

    ☐ Policy Information   ☐ Policy Issuance   ☐ Financing

    ☐ Word Processing   ☐ Other (explain) _____

40. Submit under separate cover with this application:
    A brief resume' for all principals, partners, and officers;
    Copies of all the following: advertisements, brochures, descriptive literature, Website address, and other informative material.

41. Does your Agency provide any Risk Services, Insurance Company Management Services, Captive or Risk Retention Act Contracted Services, Claims Services, Alternative Risk Management Services, on-site Assessment Services, or other insurance technical services for a fee? ☐ Yes ☐ No
    If yes, explain and identify your receipts from fees collected annually.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.
The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.

2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____   Dated: _____

Applicant: Agent/Broker:

_____   _____
Signature   Signature

_____   _____
Print Name   Print Name