

Personal Lines Insurance Agents and Brokers E&O Application

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured (This is how the name & address of the Insured will read on the Declarations Page if coverage is Bound.):	
	Name:	
	Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Additional business / dba name(s) you are seeking coverage for:	

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. GENERAL INFORMATION

2.1	Please provide your agency's gross annual commission income for the most recent 12 months (projections only if a start-up):	
	12 month period	Commission Income
	Most recent:	
	Projected next:	
2.2	Please provide the percentage of gross annual premium volume that the Insured derives from the placement of personal lines property and casualty insurance:	%
2.3	Does the insured place any reinsurance or act as a Managing General Agent or Managing General Underwriter for any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. INSURANCE AND LOSS HISTORY

3.1	Are you currently insured for errors & omissions coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes, do you have a retroactive date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes, what is the retroactive date (mm/dd/yyyy)?	
3.4	If yes, please provide details in the table below regarding current insurance company, limits, policy period, and premium.	

Year	Insurance Company	Limits		Policy Period (mm/dd/yyyy)	Annual Premium
		Per Claim	Aggregate		
Current					

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

3.5	Are you being cancelled or non-renewed by your current professional liability carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain why: (Not Applicable in Missouri)	
3.6	Requested Limits:	_____
3.7	Requested Deductible:	_____
3.8	After inquiry with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present partners, officers, directors, solicitors, office brokers or employees, any predecessors in business or against any corporation that any proposed Insured was formerly employed by, associated with or had an interest in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, solicitors, agents, brokers or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, solicitors, brokers, agents, or employees been the subject of any state Department of Insurance complaint during the past five (5) years or ever had your insurance license revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If "yes" to 3.8, 3.9 or 3.10 please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

IV. FRAUD WARNING

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

K.S.A. 40-2, 118 defines fraud as follows: "an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto."

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature: _____

(Must be signed by a Principal, Partner, or Officer of the Firm)

Title _____

Print / Type Applicant Name: _____

Date _____

Agent / Broker Name: _____

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Florida Licensed Insurance Agent Signature

Agency Name / Agency Code

Type / Print Florida Licensed Insurance Agent Name

Florida Insurance Agent License Number