

11. Within the last three years, have you or any of your staff members attended any training sessions or seminars relating to errors and omissions loss prevention? Yes No

If yes, provide date and nature of seminar and sponsoring organization. _____

List association memberships or professional designations that your agency or individuals within the agency hold.

12. Check licenses held by the agency or individuals:

___ Agent ___ Broker ___ Surplus Lines Broker ___ Managing General Agent
___ Securities for Mutual Funds Sales (NASD) ___ Life and A & H Agent

13. Percent of business placed as:

_____% Agent or Broker
_____% Retail Agent/Broker
_____% Managing General Agent or Underwriter Manager
_____% Wholesale Agent/Broker
100 % TOTAL

14. How many states do you currently write business in? _____

15. List major carriers currently represented:

Name	% of Total Gross Written Premium	# of Years Represented	Loss Ratio %	Admitted or Nonadmitted	MGA or Broker

16. Other than the standard agency/company or premium finance contracts, are you a party to any contractual relationships related to your professional services? Yes No

If yes, describe the relationship, the services rendered or received under the contract and attach a copy of the contract. _____

17. Do you sell mutual funds? Yes No

If yes, provide total dollar revenue and percent of agency revenues derived from mutual fund sales.

18. a. In the past five years, has the agency been engaged in any of the following services, businesses or professions?

	Yes	No
1. Self insured groups, captives or risk retention groups	<input type="checkbox"/>	<input type="checkbox"/>
2. Insurance Company or Reinsurance Company	<input type="checkbox"/>	<input type="checkbox"/>
3. Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>
4. Consulting (for a fee)	<input type="checkbox"/>	<input type="checkbox"/>
5. Third Party Administration	<input type="checkbox"/>	<input type="checkbox"/>
6. Claim Adjustment Services (for a fee)	<input type="checkbox"/>	<input type="checkbox"/>
7. Safety and Engineering Services (for a fee)	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>
9. Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>

- 10. Premium Finance Company
- 11. Risk Management (for a fee)
- 12. METS/MEWA's
- 13. Other - Specify _____

If yes to any of the above, attach details on a separate sheet of paper.

- b. Do you provide any services that are not insurance agent or broker related services?
- If yes, attach details on a separate sheet of paper.*

19. Office Procedures

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Is incoming mail date stamped? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you ever bind verbally? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is a policy expiration list maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are files marked to make sure certificate holders, regulatory agencies and others, are notified of cancellation or material changes? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you delegate underwriting authority or binding authority?
<i>If yes, explain on a separate sheet of paper.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you have a diary/suspense system? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have an orientation program for new employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are there procedures for surplus lines tax filing activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do you have procedures to assure that all sub agents that send you business carry errors and omissions insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

- 20. Do you separate the brokerage and binding operations in your office? Yes No

Describe how these two operations function. _____

- 21. List any errors and omissions insurance carried during the past three years. If none, check box. NONE

Policy Period	Insurer	Limits	Deductible	Premium

If previous insurance was claims-made, what is the retroactive date? _____

- 22. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of their professional activities? Yes No
If yes, explain on a separate sheet of paper.

- 23. Have you or any of your predecessors in business or any partner, officer, director or employee ever had any insurer decline, cancel, refuse to renew, or accept only on special terms any errors or omissions insurance?
Yes No *If yes, explain on a separate sheet of paper.*

- 24. Have any claims been made in the past 5 years against you, your predecessors in business or any of the past or present partners, officers, directors or employees? Yes No *If yes, complete supplemental claim form.*

- 25. Do you or any of your partners, officers, directors or employees know of any incidents, acts, errors or omissions, that could result in a claim against you, your predecessors in business, or any of the past or present partners, officers, directors or employees? Yes No *If yes, complete supplemental claim form.*

Have these incidents, acts, errors or omissions been reported to your current or past errors and omissions carrier? Yes No

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

WARRANTY AND SIGNATURE

By signing this application, the applicant warrants that the statements made in this application are complete and true. All statements made on this application or attached to this application are the basis of this policy and are deemed material to the acceptance of the risk or the hazard assumed by us. If issued, this policy will be in reliance upon the truth of such statements and attachments. If this application or its attachments contain any misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by us, the policy will be void and of no effect.

Completion and submission of this application does not bind the company to complete the insurance. No coverage will be effected until receipt of written instructions and premium payment.

Signature of Applicant (Owner, Partner, Officer or Director)

Title

Date