



## INSURANCE AGENTS & BROKERS PROFESSIONAL LIABILITY APPLICATION

Instructions: Answer all questions; applicant's name must include the names of all businesses and locations for which coverage is desired; attach a separate sheet if necessary. If an answer is none, state none. If the answer is not applicable, state (N/A). If the space provided is insufficient to fully answer the question, please attach a separate sheet.

Please type or print in ink.

### PART I. GENERAL INFORMATION

1. Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: Office: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Applicant is: (please circle)      Corporation      Partnership      Individual      LLC
3. General company information:  
Year Established: \_\_\_\_\_ (If less than 3 years attach resume) Date First Licensed: \_\_\_\_\_  
Applicant's License Number(s): \_\_\_\_\_
4. Attach a list of any DBA's or other names used in the business and identify the type of business relationship to the applicant.
5. Please provide the following:

Name of Principals/Partners	Years in Insurance	Years with Licensed Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. Please list the total number of employees: \_\_\_\_\_

### PART II. EXPOSURES

1. State the applicant's annual premium volumes and commissions:

	Last Year	Estimate This Year
P&C Premium Volume	_____	_____
P&C Gross Commission	_____	_____
Life/Health Premium Volume	_____	_____
Life/Health Gross Commission	_____	_____
Other Income (Describe)	_____	_____



2. List the approximate percentage breakdown of total annual volume:

**PERSONAL LINES**

Non-Standard Auto \_\_\_\_\_ %

Homeowners \_\_\_\_\_ %

Dwelling \_\_\_\_\_ %

Standard Auto \_\_\_\_\_ %

**COMMERCIAL LINES**

Casualty (GL/Umbrella) \_\_\_\_\_ %

Property Package \_\_\_\_\_ %

Commercial Auto \_\_\_\_\_ %

Trucking (Long Haul) \_\_\_\_\_ %

Inland Marine \_\_\_\_\_ %

Workers Comp \_\_\_\_\_ %

Other (provide details) \_\_\_\_\_ %

**SPECIALTY LINES**

Aviation \_\_\_\_\_ %

Professional \_\_\_\_\_ %

Surety \_\_\_\_\_ %

Other (describe) \_\_\_\_\_ %

**LIFE AND HEALTH**

Individual Life \_\_\_\_\_ %

Group Life \_\_\_\_\_ %

Individual A&H \_\_\_\_\_ %

Group A&H \_\_\_\_\_ %

Annuities \_\_\_\_\_ %

Mutual Funds \_\_\_\_\_ %

Other (describe) \_\_\_\_\_ %

**Total All (should equal 100%)** \_\_\_\_\_ %

3. Business written directly for your own insureds: \_\_\_\_\_ %

Business accepted from other agents and brokers: \_\_\_\_\_ %

4. List the top three (3) insurers (including companies, syndicates, captives, etc.) and MGA's with which the Applicant has placed business during the past three (3) years.

Insurer and MGA

Current Annual Premium Volume

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Has the Applicant placed business with an insurer (including companies, syndicates, captives, etc.) that became insolvent, or the equivalent, in the past three (3) years:

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please attach an explanation.)

6. Has the Applicant had any agency contracts canceled by any insurance carrier or MGA other than for lack of production or withdrawal from the market?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please attach an explanation.)

7. Is the Applicant controlled, owned by, associated or affiliated with, or does it own any other firm or business enterprises?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach an explanation and indicate whether the Applicant provides services to any such firm or business enterprise.

8. During the past three (3) years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with, or been purchased by, any other business?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please attach an explanation.)



9. Does the Applicant anticipate any changes in the nature or size of its business during the next two (2) years? Yes        No         
If yes, and the anticipated change in size is greater than twenty-five (25%), please attach an explanation.
10. Are you engaged in any of the following operations?
- | OPERATIONS             | YES   | NO    | PREMIUM | COMMISSION |
|------------------------|-------|-------|---------|------------|
| Managing General Agent | _____ | _____ | _____   | _____      |
| Wholesale Brokering    | _____ | _____ | _____   | _____      |
| Mutual Funds Sales     | _____ | _____ | _____   | _____      |
| Reinsurance Placement  | _____ | _____ | _____   | _____      |
11. List professional associations to which the applicant belongs: \_\_\_\_\_
12. Does the applicant:
- a. have written standard operating procedure? Yes        No
  - b. have written procedures for documenting files, including phone calls? Yes        No
  - c. have a system to notify mortgagors of policy cancellations? Yes        No
  - d. document a client's refusal to accept coverage recommendations? Yes        No
  - e. date-stamp all incoming mail? Yes        No
  - f. maintain policy expiration lists? Yes        No
  - g. have funds segregated into premium trust accounts? Yes        No
  - h. adjust claims? Yes        No
  - i. sell securities? Yes        No

#### PART IV. HISTORY

1. Requested Limits of Liability: (please circle)
- |                      |           |           |             |             |
|----------------------|-----------|-----------|-------------|-------------|
| \$100,000            | \$300,000 | \$500,000 | \$1,000,000 | Other _____ |
| Deductible requested | \$2,500   | \$5,000   | \$10,000    | Other _____ |
2. List prior **professional liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? \_\_\_\_\_



3. List prior **general liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? \_\_\_\_\_

4. During the past five (5) years has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question #3? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of any act, error or omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone indicated in question #3? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete a claims supplement form.

6. Have any claims been made against you, your firm or anyone indicated in question #3? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete a claims supplement form.

7. IT IS AGREED WITH RESPECT TO QUESTIONS #5 AND #6 ABOVE, THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS ANY CLAIM OR ACTION ARISING THERE FROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Java Underwriting, LLC, any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.



Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and applicant has not withheld information which is calculated to influence the judgment of the insurance company in considering this application.

**Important: This application must be dated and signed by the applicant owner, partner, officer or administrator. Signing this form does NOT bind the company to complete the insurance.**

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Applicant Signature

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Title

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Date