

Life and Health Insurance Agents and Insurance Brokers Professional Liability Policy Application

This is an application for insurance written on a "claims-made" basis, which applies only to claims first made against the insured while the policy is in force.

1. Contact Information

Name of Applicant: _____

Street Address: _____

City, State, ZIP: _____

Telephone Number: _____ Fax Number: _____

2. Applicant is (please check one):

Corporation Partnership Individual LLC

3. General Company Information

Year Established: _____ (If less than 3 years, attach résumés).

Date First Licensed: _____

Applicant's License Number(s): _____

4. Attach a list of any DBAs or other names used in the business, and identify the type of business relationship to applicant.

5. Please provide the following:

Name of Partners & Principals	Years in Insurance	Years with Licensed Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please state the total number of employees: _____

7. State the applicant's annual premium volume and commission:

	Last Year Estimate	This Year
Premium Volume:	_____	_____
Gross Commission:	_____	_____
Other Income; Describe:	_____	_____

8. State the approximate percentage breakdown of total annual volume:

Life and Health	
Individual Life:	_____ %
Group Life:	_____ %
Individual A&H:	_____ %
Group A&H:	_____ %
Annuities:	_____ %
Other; Provide Details:	_____ %
Other; Provide Details:	_____ %
Total All (should equal 100%):	_____ %

9. Business written directly for your own insureds: _____ %
 Business accepted from other agents and brokers: _____ %

10. List of top three (3) insurers (including companies, syndicates, captives, etc.) and MGAs with which the applicant has placed business during the past three (3) years:

Insurer and MGA	Current Annual Premium Volume
_____	_____
_____	_____
_____	_____

11. 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?
 If yes, please attach an explanation. Yes No

12. 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?
 If yes, please attach an explanation. Yes No

13. Is the applicant controlled, owned by, associated or affiliated with, or does it own, any other firm or business enterprise?
 If yes, please attach an explanation and indicate whether the applicant provides services to any such firm or business enterprise. Yes No

14. 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?
 If yes, please attach an explanation. Yes No

15. Does the applicant anticipate any changes in the nature or size of its business during the next two (2) years?
 If yes, and the anticipated change in size is greater than twenty-five percent (25%), please attach an explanation. Yes No

16. Are you engaged in any of the following operations?

Operations	Yes	No	Premium	Commission
Managing General Agent:	_____	_____	_____	_____
Wholesale Brokering:	_____	_____	_____	_____
Mutual Funds Sales:	_____	_____	_____	_____
Reinsurance Placement:	_____	_____	_____	_____

17. List professional associations to which the applicant belongs: _____

18. Does the applicant:
- a. Have written standard operating procedures? 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/limits recommendation? 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

19. Does the applicant currently have Errors and Omissions or Professional Liability in force? Yes No
 If yes, please indicate: Name of Insurer: _____
 Expiration Date: _____
 Limit: _____
 Deductible: _____
 Premium: _____
 Retroactive Date: _____
20. Has any carrier ever canceled or declined to issue Errors and Omissions Professional Liability Insurance covering the applicant? (not applicable in Missouri) Yes No
 If yes, please attach an explanation.
21. Professional Liability Desired:
 \$100,000 \$300,000 \$500,000 \$1,000,000
 Deductible Desired:
 \$2,500 \$5,000 \$10,000 Other: _____
22. Has the applicant or any of its directors, officers, employees, or partners ever been the subject of any disciplinary action or investigation as a result of professional activities? Yes No
23. Please attach a list identifying all errors and omissions claims made during the past five (5) years against the applicant or any of its directors, officers, employees, or partners. Please include the status of each claim and the amounts paid for damages and/or expenses.
 If there are no such claims, please indicate here: No Claims
24. Does any director, officer, employee, or partner of the applicant 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 an explanation.

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 ProAssurance Mid-Continent Underwriters, Inc., 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 that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Producer: _____ Insured: _____
 Address: _____ By: _____
 Title: _____
 Date: _____