

# Scottsdale Indemnity Company

## RENEWAL APPLICATION FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

THE POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD. UNLESS COVERAGE IS PURCHASED FOR PAYMENT OF DEFENSE COSTS IN ADDITION TO THE APPLICABLE LIMITS OF LIABILITY, THE APPLICABLE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS SHALL BE SUBJECT TO THE RETENTION. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

Fully answer all questions and submit all requested information. Terms appearing in **bold** in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Company** will hold this **Application**, including all materials submitted herewith, in confidence.

1. The Applicant (to be identified as the **Named Insured** in **Item 1.** of the Declarations): \_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

2. Indicate any changes from the current policy desired upon renewal: \_\_\_\_\_  
\_\_\_\_\_

3. During the past year has the Applicant added any location, or purchased, merged or been consolidated with any other business? If "Yes" please attach details.

4. Does the Applicant anticipate any significant changes in the nature of its operations or changes of twenty-five percent (25%) or more in the size of its operations, over the next twenty-four (24) months? ..  Yes  No  
If "Yes" please attach details.

5. Please list the percentage of the Applicant's business placed in its role as: (total must equal 100%):

Agent/Broker..... _____%	Reinsurance Broker/Intermediary..... _____%
Wholesaler..... _____%	MGA/GA/Program Administrator..... _____%
Other..... _____% (Specify) _____	

6. Indicate the total agency headcount (including yourself): \_\_\_\_\_

7. Please indicate the premium volume and gross commissions and fees paid to the Applicant before any split with others for the past twelve (12) months and your estimate for the next twelve (12) months:

Period/Year	P&C Premiums	P&C Gross Comms. & Fees	Life/A&H Premiums	Life/A&H Gross Comms. & Fees

8. Indicate and describe the Applicant's non-insurance business revenues for the past twelve (12) months and your estimate for the next twelve (12) months:

Period/Year	Non-Insurance Revenue	Source
	\$	
	\$	

9. During the past twelve (12) months has the Applicant placed any business with any insurers not listed on the Applicant's previous applications, or has the Applicant had any agency contract cancelled by any insurer for reasons other than lack of production? .....  Yes  No  
 If "Yes," please attach details.

10. Indicate if the Applicant provides the following services:

a. Claims Draft Authority? .....  Yes  No  
 If "Yes," indicate maximum authority: \_\_\_\_\_  
 If "Yes," does the Applicant have the authority to deny claims? .....  Yes  No

b. Inspections, Safety Engineering, Loss Control or Risk Management? .....  Yes  No

c. Policy Issuance? .....  Yes  No

d. Reinsurance Placement? .....  Yes  No

e. TPA Services? .....  Yes  No  
 If "Yes" please describe TPA functions: \_\_\_\_\_  
 \_\_\_\_\_

11. Please indicate the percentage of Applicant's total *premium* volume from the following:

**(Total of all sections combined must equal 100%)**

**Personal Lines:**

Standard Auto ..... %      Umbrella ..... %      Marine (Watercraft) ..... %  
 Non-Standard Auto ..... %      Homeowners ..... %      Marine (Other) ..... %  
 Other ..... % (Specify) \_\_\_\_\_

**Commercial Lines:**

Auto (except long haul trucking) ..... %      Workers Comp ..... %  
 Long Haul Trucking ..... %      Fidelity ..... %  
 BOP/SMP ..... %      Surety ..... %  
 GL/Products ..... %      Aviation ..... %  
 Commercial Property ..... %      Crop ..... %  
 Inland Marine ..... %      E&O/D&O ..... %  
 Ocean Marine ..... %      Medical Malpractice ..... %  
 Other ..... % (Specify) \_\_\_\_\_

**Group Life/Accident & Health:**

Life ..... %      Fully Insured Health ..... %  
 LTD ..... %      Self-Insured Health ..... %  
 STD ..... %      METS/MEWAS ..... %  
 Dental ..... %      Stop Loss ..... %  
 Other ..... % (Specify) \_\_\_\_\_

**Individual Life/Accident & Health:**

Term Life..... _____%	Whole Life..... _____%
LTD ..... _____%	Universal Life..... _____%
STD ..... _____%	Fixed Annuities..... _____%
Health..... _____%	Accident/AD&D..... _____%
LTC ..... _____%	Credit Life ..... _____%
Other ..... _____% (Specify) _____	

12. a. During the past twelve (12) months has the Applicant or any owner, director, officer, employee, partner or independent contractor of the Applicant been the subject of a disciplinary action, investigation or complaint? .....  Yes  No  
 If "Yes," please attach full details.
- b. Is any Insured aware of any claim or potential claim that has not been reported to the Applicant's insurer? .....  Yes  No  
 If "Yes," please attach full details.

**PLEASE SIGN THIS APPLICATION WHERE INDICATED FOLLOWING THE NOTICES BELOW.**

The person signing this **Application** declares that to the best of his or her knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Company** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Company** of such occurrence, event or circumstance and shall provide the **Company** with information that would compete, update or correct such information. In such event, the **Company** in its sole discretion may modify or withdraw any outstanding quotation.

The **Company** shall maintain this **Application** on file, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued.

The information requested in this **Application** is for underwriting purposed only and does not constitute notice to the **Company** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Company** pursuant to the terms of the Policy, if and when issued.

**Notice to Arizona Applicants:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Notice to Arkansas Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** 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 policy holder 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.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** 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 in the third degree.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Maine Applicants:** 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 or a denial of insurance benefits.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Pennsylvania Applicants:** 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.

**Notice to Tennessee and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to New York Applicants:** 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.**