



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please provide the number of employees who have the following licenses:  
Series 6: \_\_\_\_\_ Series 7: \_\_\_\_\_

9. Please indicate if you have provided or if you currently provide any of the following: YES

NO

a) claims Adjusting

b) Claims Draft Authority (maximum amount \_\_\_\_\_)

c) Policy Issuance

d) TPA Services

e) Reinsurance Placement

10. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide details on separate attachment.

11. Does any director, officer employee or partner or yours 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 provide details by separate attachment.

12. Have any of your directors, officers, employees or partners ever been the subject of a disciplinary action, investigations or compliant as a result of any professional activities? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide details by separate attachment.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE SOLE BASIS OF ANY SUBSEQUENT CONTRACT OF INSURANCE WITH THE COMPANY. SIGNATURE OF THE APPLICATION DOES NOT BIND THE FIRM OR COMPANY TO COMPLETE THE INSURANCE AND THE COMPANY RETAINS THE RIGHT TO DETERMINE THE MINIMUM ACCEPTABLE LIMIT OF LIABILITY.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Date Signature of Applicant Title

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTION AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY.