



Diamond State Ins. Co. United National Ins. Co. United National Casualty Ins. Co. United National Specialty Ins. Co.

APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

1. Applicant: _____
Phone: _____
Fax: _____
E-Mail: _____

If more than one entity is to be named on the policy, please attach a separate page with a detailed explanation of the operations of each and the relationship between entities.

2. Address: _____
Street City County State Zip Code

3. Additional Business Locations: _____
Address Annual Gross Premium Written (GPW)
(Include Under No. 9)
\$ _____
\$ _____
Are these offices under direct control of Applicant: Yes No (If no, attach a detailed explanation)

4. Operating as: Individual Partnership Corporation Other Date Business Established: _____
**If in operation less than three years, attach a business plan, résumés of the principals and other pertinent information.*

5. Within the last five (5) years have there been any:
a. Changes in Name? Yes No
b. Changes in Applicant's Ownership? Yes No
c. Mergers with/or Purchases of Another Agency? Yes No
d. Agency Cluster Arrangements: Yes No
} *If yes, attach a detailed explanation*

6. Check licenses held by Applicant: Agent Broker Managing General Agent Surplus Lines Broker
 Life & Health Agent Other (specify) _____

7. List States in which Applicant, partners, officers or employees of the Applicant are licensed: _____

	Previous Year ()	Est'd This Year ()
8. a) Total Annual Property/Casualty gross premiums (exclude Life & Health):	\$ _____	\$ _____
b) Total Annual Net Property/Casualty Commissions and Fees:	\$ _____	\$ _____
c) Total Annual Net Life & A&H Commissions and Fees:	\$ _____	\$ _____
d) Total Income from any source other than sale of insurance: (e.g. consulting, loss control services)	\$ _____	\$ _____
e) Is a significant change in Applicant's Premium Volume or Net Commission anticipated in the next 12 months?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a detailed explanation.		

9. Annual number of policies written as: _____
Property/Casualty Life & Health

10A. Percentage of Annual Property/Casualty GPW:
(Please answer all):

Commercial Lines	
Standard-Auto/Fire/GL/Pkg/WC	_____ %
Auto-Trucking	_____ %
Aviation	_____ %
Bonds	_____ %
Crop/Hail	_____ %
Directors & Officers for Publicly Traded Companies	_____ %
All other D&O Liability	_____ %
Earthquake	_____ %
Energy (oil/gas, etc.)	_____ %
Fire-Substandard/Fair Plan	_____ %
Flood	_____ %
Livestock Mortality	_____ %
Medical Malpractice	_____ %
Pollution	_____ %
Prof. Liab. (Other Than Med Mal)	_____ %
Stop Loss	_____ %
Umbrella and Excess Liability	_____ %
Wet Marine (commercial & pleasure)	_____ %
Worker's Comp (Self-Funded)	_____ %
All Other Commercial Lines	_____ %
Personal Lines	
Standard-Auto & Property	_____ %
Substandard Auto/Auto/Plan	_____ %
Substandard-Fire/Windstorm	_____ %
Umbrella	_____ %
Other	_____ %
All Other Personal Lines	_____ %
TOTAL MUST EQUAL	_____ 100 %

11B. Percentage of Life & A&H Net Commissions:

Life	_____ %
Variable Life	_____ %
Fixed Annuities	_____ %
Variable Annuities	_____ %
Disability Income	_____ %
Long Term Care	_____ %
Health	_____ %
HMO/PPO/DSP	_____ %
All Other Life & Health	_____ %
TOTAL LIFE & HEALTH	_____ %
MUST EQUAL	_____ 100 %

11C. Percentage of Business Placed As:

Agent	_____ %
Managing General Agency	_____ %
Broker	_____ %
Surplus Lines Broker	_____ %
Reinsurance Intermediary	_____ %
TOTAL MUST EQUAL	_____ 100 %

11D. Percentage of Business Placed As:

Retailer (on behalf of Insured's)	_____ %
Wholesaler (on behalf of another agent or broker)	_____ %

11. Does the Applicant perform any of the following services for its customers?

	Yes	No		Yes	No		Yes	No
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	Securities/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Administration	<input type="checkbox"/>	<input type="checkbox"/>	Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	Data Processing Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Claim Adjustment Service	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Title	<input type="checkbox"/>	<input type="checkbox"/>	Risk Management/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>
Safety & Engineering Service	<input type="checkbox"/>	<input type="checkbox"/>	Legal Advisor	<input type="checkbox"/>	<input type="checkbox"/>	Professional Employer Organization (PEO)	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Appraisal Firm	<input type="checkbox"/>	<input type="checkbox"/>	Accounting Firm	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Bank or Savings and Loan	<input type="checkbox"/>	<input type="checkbox"/>	Tax Advisor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Service Facility	<input type="checkbox"/>	<input type="checkbox"/>	Title Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain and provide revenues.

Are all Mutual Funds SEC Registered? Yes No (explain)

12. In the past five years, has the Applicant:

	Yes	No
a) Specialized in any type of client, industry, class or line of business?	<input type="checkbox"/>	<input type="checkbox"/>
b) Placed coverage or had involvement with or act as administrator for self insureds, captives or risk retention groups, risk purchasing groups; Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)?	<input type="checkbox"/>	<input type="checkbox"/>
c) Assumed responsibilities to notify terminated employees (other than Applicant's own employees) of Life and Health Policyholders of their rights to benefits under "COBRA"? (If yes to any of the preceding, attach a detailed explanation)	<input type="checkbox"/>	<input type="checkbox"/>

13A. Number of Personnel:

	FT	PT		FT	PT
1) Owner, Partners, Officers	_____	_____	4) Other Technical Employees	_____	_____
2) Employee solicitors, agents, brokers	_____	_____	5) Other Non-Technical Employees	_____	_____
3) Independent Contractors under written contract with Applicant	_____	_____	Total Staff	_____	_____

Are these independent contractors to be covered under the applicant's policy? Yes No

Is their premium volume included in question 8? Yes No

4) Number of Personnel hired in last two (2) years? _____ Number left agency in last two (2) years? _____

13B. List licensed owners, partners, officers and employee producers of Applicant.

Name	Position/Title	Professional Designations	Years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14A. List **all** insurance carriers in which Applicant **directly** places business. Attach separate page if necessary.

Name of Property & Casualty Carriers	GPW	Annual	Current Best Rating	Admitted	Non-Admitted	Years Rep'd
_____	\$	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	\$	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	\$	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	\$	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	\$	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of Life & Health Carriers	*Net Comm.	Annual	Current Best Rating
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____

*net commission is gross commission plus fees less any payments made to non-employee agents or brokers who are not to be covered by the applied for policy.

Name of HMO, PPO, DSP, etc. Carriers	*Net Comm.	Annual	Current Best Rating
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____

*net commission is gross commission plus fees less any payments made to non-employee agents or brokers who are not to be covered by the applied for policy.

14B. List **all** Agents, Brokers and MGA's with which Applicant places property/casualty business (include **complete** name of property/casualty carrier and Annual GPW for previous year for each). Attach separate page if necessary.

Agent, Broker, MGA	Property & Casualty Carrier	Annual GPW
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14C. List **all** GAs, Brokerage GAs and MGUs with which Applicant places life and health business (include **complete** name of carrier and Net Commission for previous year for each). Attach separate page if necessary.

GA, Broker, MGU	Life & Health Carriers	Annual Net Commission
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15. List **all** insurance carriers with which contracts have been terminated in the last five years (include the reason(s) for such termination):

16 Describe your five largest clients: (P&C)

Name of Client/Industry	Type(s) of Coverage(s) Written	Gross Premium Amount

17. Office Procedures:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Is incoming correspondence (mail, faxes, express shipments) date stamped? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are all binders confirmed in writing? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are copies of binders mailed to both insured and company promptly? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Is there a procedure for documenting telephone conversations? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are all applications, policies and endorsements checked for accuracy? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Are files marked to make sure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Is there a back up procedure for when Applicant's personnel are away from the office? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Does Applicant have a diary/suspense system? | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Does Applicant have an office policy and procedures manual? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Does Applicant have in-house training sessions and/or encourage employees to take outside training courses for E&O claims prevention, continuing education, professional designations, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Does Applicant have a specific orientation program for new employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Does the Applicant provide written confirmation to its clients of their refusal to accept coverage or limits that the Applicant has recommended? | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Does the Applicant provide its clients a written review of their limits and coverage at least once every 3 years?
If no, on a separate sheet attached to this application, explain the applicant's review procedure. | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Does the Applicant have procedures in place to address both terrorism and mold exposures with each client? | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Does the Applicant obtain client signatures confirming their understanding when terrorism and/or mold coverage is not provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Does the Applicant maintain a policy expiration list and confirm that all renewal policies and binders are issued? | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

- q) Does the Applicant review all policies and endorsements for accuracy and completeness before mailing to the Insured? Yes No
- s) Does the Applicant use coverage checklists for both commercial and personal lines clients? Yes No
- t) Does the Applicant advise the client in writing of the financial rating, or non-rated status of the carrier? Yes No
- u) Does the Applicant notify clients in writing in the event of a carrier's insolvency or lowering of its financial rating? Yes No
- v) Is the agency using the Internet? Yes No
- w) Does the agency have a Home Page and/or Web Site? Yes No

Internet Address: _____

Is it used for marketing? Yes No

Is it used for sales? Yes No

Are applications completed/submitted through the Internet? Yes No

- 18. Does any person or entity (other than an individual listed in Question 14B.) have more than a 10% ownership interest in Applicant? **(If yes, attach a detailed explanation)** Yes No
- 19. Does Applicant place insurance coverage on any entity in which Applicant has an ownership interest or for which an employee is an officer or director? **(If yes, attach a detailed explanation)** Yes No
- 20. Has any past or present owner, partner, officer, employee or non-employee producer been the subject of disciplinary action by any insurance regulatory authority? **(If yes, attach a detailed explanation)** Yes No
- 21. **(Missouri Applicants – Do not answer)** Has any policy or application for errors and omissions insurance on behalf of Applicant or any past or present owner, partner, officer, employee or non-employee producer, or to the knowledge of Applicant, on behalf of its predecessors in business, ever been declined, cancelled or refused renewal within the last five (5) years? **(If yes, attach a detailed explanation)** Yes No
- 22. Have any errors or omissions claims been made against Applicant or any past or present owner, partner, officer, employee or non-employee producer, or to the knowledge of the Applicant, on behalf of its predecessors in business, within the last five (5) years? **(If yes, attach a detailed explanation, stating nature of claim, date of claim, loss payments and disposition, E&O carrier handling claim, etc.) Attach currently valued loss runs for last five (5) years.** Yes No
- 23. Are there any circumstances which may result in errors and omissions claims being made against Applicant, past or present owner, partner, officer, employee or non-employee producer or its predecessors in business? **(If yes, attach a detailed explanation)** Yes No

24. Does your current E&O policy exclude or limit coverage for claims arising out of mold, insurance company insolvency, or any individual or entity? Yes No **If yes, please attach copies of these limitations.**

25. Provide the following information about Applicants Errors and Omissions coverage for the past five (5) years. If none, state none.

Name of Carrier	Policy Dates	Limit	Deductible	Premium
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

27. Please list all retroactive dates on your current E&O policy: _____

26. Desired Limit: \$ _____ Retention: \$ _____ Effective Date: _____ Retroactive Date: _____

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

VIRGINIA, TENNESSEE FRAUD STATEMENT

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.

PENNSYLVANIA FRAUD STATEMENT

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.

OREGON FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison

OKLAHOMA FRAUD STATEMENT

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.

OHIO FRAUD STATEMENT

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.

NEW MEXICO FRAUD STATEMENT

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

NEW JERSEY FRAUD STATEMENT - APPLICATION

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

MAINE FRAUD STATEMENT

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.

LOUISIANA FRAUD STATEMENT

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.

INDIANA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA FRAUD STATEMENT

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.

COLORADO FRAUD STATEMENT

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 policyholder or claimant for the purpose of de-frauding 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.

CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ARKANSAS FRAUD STATEMENT

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

ARIZONA FRAUD STATEMENT

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.

FRAUD STATEMENT (All other states)

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

The policy applied for provides coverage on a CLAIMS MADE AND REPORTED BASIS: Except to such extent as may be provided otherwise in the policy, the coverage of the policy for which application is being made is limited to ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURANCE COMPANY WHILE THE POLICY IS IN FORCE.

All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. This application and the materials furnished in conjunction with this application shall be the basis for the policy should a policy be issued and will be attached to and made a part of the policy. Applicant hereby warrants and represents that the statements made and answers provided in this application and the materials furnished in conjunction with this application are true and that Applicant has not omitted or misrepresented any information.

Applicant understands and agrees that the completion of this application and the materials furnished in conjunction with this application does not bind any company to provide coverage or issue a policy. Further, Applicant understands and agrees that Applicant is obligated to report any changes in the information provided in this application and the materials furnished in conjunction with this application that occur after the date of the application and prior to the inception of any coverage.

IMPORTANT NOTE Be sure to report all known claims, suits, or wrongful acts to your current insurer before the claims reporting period expires.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER

Applicant Signature : _____
(Authorized Representative) _____
Please Print Name and Title _____

Date: _____