

INSURANCE AGENTS AND BROKERS E&O writeNOW!
RENEWAL APPLICATION

Section One – Applicant

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Web Site: _____ No. of years in business: _____

Is firm: Corporation Partnership Individual LLC Other

For questions 2-9, if the answer is “Yes”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the “Yes” answers.

2. Is the Applicant firm controlled, owned or affiliated with any other firm, corporation or company? Yes No

3. Does the applicant provide Claim Adjusting services? Yes No

4. Act as Third Party Administrator? Yes No

5. Act as Reinsurance Broker? Yes No

6. Provide Safety or Loss Control Consultant? Yes No

7. Is the applicant involved in Mutual Fund Sales? Yes No

8. A) Does the applicant derive more than 10% of its premium or commission from any one of the following:

- a. Long Haul Trucking Yes No
- b. Aviation Yes No
- c. Excess/Umbrella Yes No
- d. Bonds/Surety Yes No
- e. Animal Mortality/Bloodstock Yes No

B) Does the applicant derive more than 35% of its premium or commission from any one of the following:

- a. Markets rated Below B+, Captives or Off Shore Yes No
- b. Professional Liability Yes No
- c. Crop Yes No
- d. Workers Compensation Yes No
- e. Marine Yes No

9. Has the applicant firm ever been involved in the formation, management or administration of any of the following:

- a. Self-insured trusts Yes No
- b. Insurance pools Yes No
- c. Risk retention groups Yes No
- d. Health maintenance organizations Yes No
- e. Any other self-insured risk-bearing entities Yes No

For questions 10-18, if the answer is “No”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the “No” answers.

10. Do all locations share the same policies & procedures? N/A Yes No
 (Answer N/A if the applicant has 1 location)
11. Have all principals been licensed in the types of insurance sold for at least 3 years? Yes No

Office Procedures

12. Is all incoming mail date stamped? Yes No
13. Are all binders confirmed in writing? Yes No 14.
 Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of cancellations or material changes in coverage? Yes No
15. Does the applicant have a date control system in place to track policy and binder expirations, etc.? Yes No
16. Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than requested? Yes No
17. Are all revenues derived from Retail Insurance Commissions? Yes No
18. Please provide the breakdown of your Commission by line of cover for the upcoming policy period:

Line of cover

Commission

Standard personal \$ _____

Standard commercial \$ _____

Non-standard personal \$ _____

Non-standard commercial \$ _____

Life, Accident & Health \$ _____

19. Total Commission: \$ _____

If total Commission exceeds \$1.5MM, coverage cannot be bound through this program. If you desire an indication outside this program, please submit to NAS through the normal brokerage channels.

20. Is 100% of the applicant's premium or commission derived from personal auto? Yes No

Insurance History

21. Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

22. Does the current policy have a prior acts limitation or retroactive date? Yes No
 If "Yes", please indicate date: _____/_____/_____

Claims History

For question 23, if the answer is “Yes”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the “Yes” answer.

23. Have any claims, suits, or demands been made against the applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past twelve (12) months? Yes No

Section Two – Coverage Selection (*Check options desired*):

<u>TOTAL COMMISSION</u>	<u>LIMIT DESIRED</u>	<u>PREMIUM</u>
\$ _____	<input type="checkbox"/> \$500,000 / \$500,000 <input type="checkbox"/> \$500,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000	\$ _____

Requested effective date (no backdating): _____

Section Three – Notice to the Applicant

- A. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

Signed: _____ Date: _____
Authorized signature of a Principal or Officer

Print Name: _____ Title: _____
(Must be signed and dated no more than 45 days prior to binding)

Section Four – Payment Instructions

Premium:	\$ _____
Plus CA Taxes & Fees:	\$ _____ (3.250% in addition)
Policy Issuance Fee: (Not Applicable in MD, MA, MT, FL, WY)	\$ <u>100</u> (MI \$54, NJ \$50)
Broker fee:	\$ _____
TOTAL PAYMENT	\$ _____

If this risk is subject to surplus lines tax, you must arrange for filing the affidavit and for payment of the applicable State tax/fees in addition to the premium.

- **Policy fee is fully earned**
- **Written Policies are subject to a minimum earned premium of 25%**
- **No Flat Cancellations**