



**Essex/Markel Insurance Company
Insurance Agents Professional Liability
Application Agreement**

It is hereby noted and agreed that the basis of the contract between _____ and Essex/Markel Insurance Company, is the (Name of Insurance Agency) application form completed for _____ dated _____ and any other prior Insurance Agents Professional Liability Application form(s) completed for _____ prior to the date stated above.

Since completion of our application form denoted above, I/we have made extensive inquiry of my/our staff, and in the abundance of caution, wish to notify Essex/Markel Insurance Company of the following circumstances which could at some latter date result in an errors and omissions claim being made against the Insurance Agency noted above or any person or entity proposed for coverage under the Policy which will be issued by Essex/Markel Insurance Company.

I/we acknowledge that these circumstances:

1. Will be excluded by the policy issued by Essex/Markel Insurance Company; and,
2. Must be reported to my/our current insurance company.

____ None (check if no circumstances to report).

List of circumstances: (Attach separate sheet if necessary)

This will also confirm that there have been no other material changes to any of the responses provided on the application denoted above.

I/We declare the above statements to be true.

I/We understand and accept that this agreement shall be relied upon by Essex/Markel Insurance Company and is material to its agreement to provide the coverage requested and shall become a part of the above denoted application.

Signature of Owner, Officer or Partner

Date