



GREAT AMERICAN CUSTOM INSURANCE SERVICES
PART OF GREAT AMERICAN INSURANCE GROUP

INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS
RENEWAL APPLICATION
(VERSION 9/09)

This is an application for a "claims made and reported" policy. If a policy is issued, this application will attach to and become part of the policy. Please answer all questions.

A. PROPOSED APPLICANT

1. Applicant (Please list all entities for which coverage is desired):

Two horizontal lines for listing applicant entities.

2. a) Principal Business Address:

Horizontal line for principal business address.

b) Business Phone: ()

c) Any changes to additional locations? [] Yes [] No
If "yes", need the addresses of all additional locations on a separate attachment.

3. In the past 12 months, has the Applicant had any significant operational changes including, but not limited to, name changes, ownership changes, mergers, divestitures or acquisitions? Any change involving Partners, Directors, Executive Officers, or Key Employees? [] Yes [] No
If "yes" need complete details on a separate attachment.

4. In the next 12 months, is the Applicant planning any significant operational changes including, but not limited to, name changes, ownership changes, mergers, divestitures or acquisitions? [] Yes [] No
If "yes" to any of the above, need complete details on a separate attachment.

B. BUSINESS ACTIVITY

1. Please provide the gross revenues (commissions & fees) for the proposed policy term and for the 12 months prior to the proposed policy term:

\$ (proposed policy term)
\$ (12 months prior to proposed policy term)

2. Please provide the gross premium volume for the proposed policy term and for the 12 months prior to the proposed policy term:

\$ (proposed policy term)
\$ (12 months prior to proposed policy term)

3. In the past 12 months, has the Applicant, any entity that has owned or controlled the Applicant, or any entity that the Applicant has owned or controlled, acted as a captive manager, been involved in setting up a captive or conducted operations as a reinsurer, reinsurance intermediary, insurer or other risk assuming entity? Yes No **If “yes”, need complete details.**

4. **On a separate attachment**, list all insurance carriers, self-insured trusts, group insurance trusts, state funds, pools, or other risk assuming entities (including those used when placing insurance through Wholesale or other Agents/Brokers), **currently unrated by AM Best’s**, or with an **AM Best’s rating of “B+” or less**, and the **premium volume placed with each during the past 12 months**.

5. In the past 12 months, or within the next 12 months, has the Applicant made or does the Applicant plan to make:
 - a) A material change in premium volume for any of the lines of insurance placed? Yes No
 - b) A material premium volume increase in a new line of insurance not previously placed?
 Yes No
 - c) A material change in the premium volume placed with any carrier/risk assuming entity?
 Yes No
 - d) A significant change in the percentage of revenues derived from placements as a retail agent/broker, wholesale broker, or MGA/MGU/Program Administrator? Yes No
 - e) A significant change in the percentage of premium volume placed on a surplus lines or non-admitted basis? Yes No
 - f) A significant change in the percentage of revenues derived from any previously disclosed non-insurance agent/broker services provided by the Applicant?
 Yes No
 - g) A significant increase in revenues derived from a previously undisclosed or new professional service? Yes No

If “yes” to any of the above, need complete details on a separate attachment.

6. **In the past 12 months**, have any agency contracts been cancelled by any insurance carrier/risk assuming entity for reasons other than lack of production? Yes No
If “yes”, need complete details

7. **In the past 12 months**, has the Applicant provided Professional Services for any entity or individual that owns 10% or more of the shares in the Applicant or any subsidiary or provided Professional Services for any entity (other than the Applicant) for which any Insured or Insureds collectively, own(s) 10% or more of the shares? Yes No
If “yes”, need complete details on a separate attachment.

C. CLAIMS EXPERIENCE:

1. **In the past 12 months**, have any claims or suits been made against: (a) the Applicant; (b) any subsidiary or affiliate of the Applicant; (c) any other individual or entity proposed for coverage **which have not been previously reported to the Insurer?** Yes No **If “yes”, need complete details.**

2. Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant) aware of any circumstances, incidents, situations, errors, omissions, or accidents that may result in a claim being made against: (a) the Applicant; (b) any subsidiary or affiliate of the Applicant; (c) any other individual or entity proposed for coverage **which have not been previously reported to the Insurer?** Yes No **If “yes”, need complete details.**

3. **In the past 12 months**, have any of the principals, partners, officers, employees or independent contractors of the Applicant, or any other prospective Insured, been the subject of a reprimand, disciplinary or criminal action by federal, state or local authorities, any professional association or state licensing board, as a result of their professional activities, or had their license(s) revoked or suspended? Yes No **If “yes”, need complete details.**

It is agreed that any claim or lawsuit against the Applicant, any director, officer, partner, employee or independent contractor of the Applicant, or any other proposed Insured, arising from any facts, circumstances, acts, errors or omissions disclosed or required to be disclosed in response to questions C.1., C.2. and C.3. above, is hereby expressly excluded from coverage under the proposed insurance policy. **Please report these circumstances immediately under the current Policy.**

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

Warranty:

It is hereby Understood and Agreed, after proper inquiry of each director, officer, partner, or employee of the Applicant or any other proposed insured, that this application and its representations and warranties shall be deemed to be submitted by or on behalf of and be binding upon the Applicant and each and every proposed insured under the policy. It is further agreed that any misrepresentation, non-disclosure, concealment, or breach of warranty in this application shall be binding upon the Applicant and each and every proposed insured under the policy whether or not the proposed insured knew of, committed, or was responsible for such misrepresentation, non-disclosure, concealment, or breach of warranty.

I/We hereby authorize the release of claim information from any prior insurer to the Insurer.

I/We understand and accept that the policy applied for provides coverage on a claims made and reported basis for only those claims that are first made against the Applicant and reported in writing to the Insurer during the policy, that the limits of liability of the policy will include both Damages and Claim Expenses, and that the Insurer will rely upon the truth of the information and statements in this application in deciding whether to issue a policy to the Applicant.

The Applicant agrees that if the information supplied on or attached to this application changes between the time this application is executed and the time that the proposed insurance policy is bound or coverage commenced, the Applicant will immediately notify the Insurer in writing of such changes; and the Insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes.

Signing this form does not bind the Applicant or the Insurer to complete this insurance, but this application shall be basis of the insurance should a policy be bound and issued, and shall become part of the policy. The application must be signed to be considered for quotation.

Must be signed and dated by a Principal, Partner or Senior officer of the Applicant.

Applicant Signature

Date

Print or Type Name

Title