

**INSURANCE AGENTS AND BROKERS  
PROFESSIONAL LIABILITY RENEWAL APPLICATION**

**(This is an application for a Claims Made Policy)**

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

2. Indicate any changes from your current policy desired upon renewal:

\_\_\_\_\_

\_\_\_\_\_

3. During the past year has your name changed, or have you purchased, been purchased, merged or consolidated with any other business?     Yes     No    If "Yes", please attach details.

4. Do you anticipate any significant changes in the nature of your operation, or changes of 25% or more in the size of your operations, over the next twenty four (24) months?     Yes     No    If "Yes," please attach details.

5. Indicate your total employee headcount: \_\_\_\_\_

6. Please indicate your premium volume and **gross insurance commissions and fees** for the past year and projections for current year:

<u>Year</u>	<u>P&amp;C Premiums</u>	<u>Life/A&amp;H Premium</u>	<u>Gross P&amp;C Commissions/Fees</u>	<u>Gross Life/A&amp;H Commissions/Fees</u>

7. Please indicate and describe your non-insurance revenues for the past twelve (12) months:

<u>Non-Insurance Revenue</u>	<u>Sources</u>
\$ _____	
\$ _____	
\$ _____	

8. Please list the percentage of your business derived from your activities in each role (total must equal 100%):

Agent: \_\_\_\_\_%    Broker: \_\_\_\_\_%    **MGA/General Agent/Program Administrator\***: \_\_\_\_\_%

Wholesaler: \_\_\_\_\_%    Reinsurance Broker/Intermediary: \_\_\_\_\_%

Other : \_\_\_\_\_% (Please Specify) \_\_\_\_\_

**\*If any of your business is derived from activities as an MGA/General Agent/Program Administrator, please complete the MGA/GENERAL AGENT/PROGRAM ADMINISTRATOR Supplemental Application.**

9. Please indicate the percentage of your total premium volume from the following: **(Total of all sections combined must equal 100%)**

**Personal Lines:**

Standard Auto \_\_\_\_\_ %  
 Umbrella \_\_\_\_\_ %  
 Non-Standard Auto \_\_\_\_\_ %  
 Marine \_\_\_\_\_ %  
 Homeowners \_\_\_\_\_ %  
 Other (Specify) \_\_\_\_\_ %

**Commercial Lines:**

Auto (except long haul trucking) \_\_\_\_\_ %  
 Workers Comp (Retro) \_\_\_\_\_ %  
 Long Haul Trucking \_\_\_\_\_ %  
 Workers Comp (Non-retro) \_\_\_\_\_ %  
 BOP/SMP \_\_\_\_\_ %  
 Fidelity \_\_\_\_\_ %  
 GL/Products \_\_\_\_\_ %  
 Surety \_\_\_\_\_ %  
 Commercial Property \_\_\_\_\_ %  
 Aviation \_\_\_\_\_ %  
 Inland Marine \_\_\_\_\_ %  
 Crop \_\_\_\_\_ %  
 Ocean Marine \_\_\_\_\_ %  
 Professional Liability/D&O \_\_\_\_\_ %  
 Medical Malpractice \_\_\_\_\_ %  
 Other (Specify) \_\_\_\_\_ %

**Group Life/Accident & Health:**

Life \_\_\_\_\_ %  
 Fully Insured Health \_\_\_\_\_ %  
 LTD \_\_\_\_\_ %  
 Self-Insured Health \_\_\_\_\_ %  
 STD \_\_\_\_\_ %  
 METS/MEWAS \_\_\_\_\_ %  
 Dental \_\_\_\_\_ %  
 Stop Loss \_\_\_\_\_ %  
 Other (Specify) \_\_\_\_\_ %

**Individual Life/Accident & Health:**

Term Life \_\_\_\_\_ %  
 Whole Life \_\_\_\_\_ %  
 LTD \_\_\_\_\_ %  
 Universal Life \_\_\_\_\_ %  
 STD \_\_\_\_\_ %  
 Fixed Annuities \_\_\_\_\_ %  
 Health \_\_\_\_\_ %  
 Accident/AD&D \_\_\_\_\_ %  
 LTC \_\_\_\_\_ %  
 Credit Life \_\_\_\_\_ %  
 Split Dollar \_\_\_\_\_ %  
 Premium Financed Life \_\_\_\_\_ %  
 COLI/BOLI \_\_\_\_\_ %  
 Other (Specify) \_\_\_\_\_ %

10. Please provide a breakdown of **client** industries served for Commercial Property & Casualty placement only.

If **not** applicable, please check here

Transportation _____ %	Legal _____ %	Government _____ %
Construction _____ %	Technology _____ %	Hospitality (including bars, inns, restaurants, etc.) _____ %
Warehouse _____ %	Insurance _____ %	All Other** _____ %
Manufacturing _____ %	Medical _____ %	

\*\*Specify & Breakdown: \_\_\_\_\_

11. Please indicate if you provide the following services:

	<u>Yes</u>	<u>No</u>
A. Claims Adjusting	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," do you have the authority to deny claims?	<input type="checkbox"/>	<input type="checkbox"/>
B. Claims Draft Authority. If "Yes," indicate maximum amount: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Inspections, Safety Engineering, Loss Control or Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
D. Policy Issuance	<input type="checkbox"/>	<input type="checkbox"/>
E. TPA Services. If "Yes," please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
F. Reinsurance Placement	<input type="checkbox"/>	<input type="checkbox"/>

- G. Actuarial Services
- H. Underwriting. If "Yes," complete the MGA Supplemental Application.

12. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production?  
 Yes  No If "Yes," attach details.

13. Changes:

- A. Has there been a change of greater than 10% (increase or decrease) in any of the lines of business placed by you during the past policy period?  Yes  No If "Yes," attach details.
- B. Have you placed business with any insurers that were not listed on your previous application?  
 Yes  No If "Yes," attach details.
- C. Have you or any of your directors, officers, employees or partners been the subject of a disciplinary action, investigation or complaint during the past policy period as a result of any professional activities?  Yes  No If "Yes," attach details.

All written statements and materials furnished in conjunction with this application are hereby incorporated into this application and made a part hereof.

This application does not bind you to buy, nor us to issue the insurance, but it is agreed that this application shall be the basis of the contract between us should a policy be issued, and it will be attached to and made a part of the policy. You declare that the statements set forth in this application are true. You agree that if the information supplied in this application changes between the date stated below and the time when the policy is issued, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Name (Please Print or Type)

\_\_\_\_\_  
 Title (Please Print or Type)

\_\_\_\_\_  
 Date (MM / DD/ YYYY)

\_\_\_\_\_  
 Print or Type Name Agent/Broker for Applicant

\_\_\_\_\_  
 Signature Of Agent/Broker

\_\_\_\_\_  
 Print or Type Name of Insurance Brokerage

\_\_\_\_\_  
 Title Of Agent/Broker

\_\_\_\_\_  
 Date (MM / DD/ YYYY)