



MISCELLANEOUS PROFESSIONAL
 LIABILITY AND PREMISES
 LIABILITY INSURANCE
 SUPPLEMENTAL New Business
 APPLICATION
 Vantage 360® MPL+

Administered by:



INSTRUCTIONS FOR COMPLETING SUPPLEMENTAL NEW BUSINESS APPLICATION: Please type or print clearly in ink. All questions must be answered completely. A current copy of your most recent miscellaneous professional liability application, a current Declarations Page of your existing coverage and any supplemental applications must be complete and must be attached to and becomes a part of this application for insurance. The original copy of the current signed and dated Application is needed before any coverage can be bound. Return this and all supplemental applications to the Program Administrator at:

V3 Insurance Partners LLC
 1113 General Washington Memorial Blvd., Unit B
 Washington Crossing, PA 18977

SECTION I.

Requested Effective Date: From _____ To _____
 12:01 a.m. Standard Time at the street address of the Applicant Firm

1. Applicant _____
2. Street Address: _____ City: _____
 County: _____ St: _____ Zip: _____
- Date Established: _____
3. Provide total gross annual revenues for the Applicant for the past two (2) years or fiscal year period. If newly established, indicate anticipated gross revenues for the current year.

	\$		Current Year
	\$		Last Year

PLEASE DESCRIBE IN DETAIL THE PROFESSIONAL SERVICES YOU WISH TO INSURE (attach company brochures, advertising materials, etc. that describe these services):

If you need more space, continue on a separate sheet and indicate the question number.

SECTION II.

4. DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY

- a. Has any Applicant initiated litigation against any of its clients in the past 5 years? Yes No
- b. Have any claims, suits, or proceedings been made against the Applicant, its predecessors, subsidiaries or affiliates or against any past or present partners, directors, officers, members, board members or employees within the past five (5) years? Yes No

If yes, indicate the number of such claims # and please complete a separate supplemental claim application.

- c. Having inquired of all partners, directors, officers, members, board members or employees, are you aware of any act, error, omission, personal injury, fact, circumstance, situation or incident which could be a basis for a claim or suit under the proposed insurance? Yes No

If yes, indicate the number of such matters # and please complete a separate supplemental claim application.

- d. Has the Applicant, its predecessors, subsidiaries or affiliates or against any past or present partners, directors, officers, members, board members or employees ever been charged with or convicted of a felony? Yes No

If yes, please provide complete details on a separate sheet, including the present status of any individuals.

- e. Has the Applicant, its predecessors, subsidiaries or affiliates or any past or present partners, directors, officers, members, board members or employees ever been investigated by and/or cited by any regulatory agency or professional association for violations arising out of their activities or services? Yes No

If yes, please complete a separate supplemental claim application.

NOTICE: With regard to Questions 4 a. – e. above, it is understood and agreed that if any such claim, suit, proceeding, act, error, omission, dispute or circumstance exists, then such claim and/or any claim arising from such claim, suit, proceeding, act, error, omission, dispute, or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, suit, proceeding, act, error, omission, dispute or circumstance may result in proposed insurance being void, and/or subject to rescission. Report all known claims and/or circumstances to the Applicant firm's current insurer.

This document acknowledges receipt by the above broker of the applicant's request for Miscellaneous Professional Liability insurance with the Vantage360[®] MPL⁺ program. Your request for coverage was provided by the above-noted broker and included an application for Miscellaneous Professional Liability insurance as referenced above.

In lieu of requiring your firm to complete our application, we are willing to use the submitted application subject to the following:

- i. you agree that we may use the information contained in such application in underwriting your account;
- ii. we may rely upon the truth and accuracy of the representations contained in said application;
- iii. you hereby represent that the statements and information contained in said application are true and accurate to the best of your present knowledge; and
- iv. said application, along with this letter, will be deemed attached to and incorporated into any policy we may issue pursuant to it.

Your signature below represents your acceptance of the above provisions.

Applicant hereby represents after inquiry, that the information contained in the above referenced application is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and acknowledges that we shall have the right to withdraw or modify and outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. This letter and the above referenced application will be the basis of the contract and will be incorporated by reference into and made part of the policy.

IMPORTANT NOTICE: Failure of the Applicant firm to report any claim, or any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm, to its current insurance company BEFORE expiration of its current policy term, may create a lack of coverage.

COMPLETION OF THIS REPRESENTATION STATEMENT DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, REGARDLESS OF WHETHER IT IS ATTACHED TO THE POLICY.

Submitting this form and/or tendering premium does not bind the Applicant firm or the Company to complete the insurance

This Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title