

# Insurance Services Professional Liability Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

This is an application for a claims made and reported policy. Please read the entire application carefully before signing. Whenever used in this application, the term "Firm" means the Named Insured(s) and any other entity proposed for coverage. Please answer all questions and attach all requested materials including the following:

- Résumés of Principals and Key Employees
- Five Year Carrier Loss Runs
- Standard Contract or Engagement Letter Used with Clients, Independent Contractors and Subcontractors

## Section I – Firm Information

Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ Date Established: \_\_\_\_\_

1. State(s) where Firm is licensed or registered: \_\_\_\_\_
2. Professional organizations to which Firm belongs: \_\_\_\_\_
3. Firm is:  Corporation  LLC  Partnership  Other (describe): \_\_\_\_\_
  - a. Is the Firm owned or controlled by, or affiliated with, any other entity?  Yes  No
  - b. Has the name of the Firm ever been changed?  Yes  No
  - c. Is the Firm a franchisee or franchisor?  Yes  No
  - d. Are there any branch offices or additional locations?  Yes  No

If YES, to any portion of Question 3, please provide details on a separate sheet and attach as part of this application.

4. Is the Firm a successor-in-interest to any predecessor Firm or has the Firm ever been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution?  Yes  No
5. In the next 12 months, does the Firm have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution, or creation of a new business, subsidiary or division?  Yes  No

If YES to question 4 and/or 5, please provide details on a separate sheet and attach as part of this application.

6. Complete the chart below for any subsidiaries for which coverage is sought:

| Name of Subsidiary | Location | Nature of Business | Applicant's % of Ownership |
|--------------------|----------|--------------------|----------------------------|
|                    |          |                    | %                          |
|                    |          |                    | %                          |
|                    |          |                    | %                          |
|                    |          |                    | %                          |

7. Complete the chart below for any additional entities for which coverage is sought:

| Name of Subsidiary | Location | Nature of Business | Relationship to Firm |
|--------------------|----------|--------------------|----------------------|
|                    |          |                    |                      |
|                    |          |                    |                      |
|                    |          |                    |                      |
|                    |          |                    |                      |

8. Does the Firm or any of its principals or partners own, control or manage any other entity not listed in questions 6 and/or 7?  Yes  No

If YES, please provide details on a separate sheet and attach as part of this application.

## Section II – Professional Services

1. Complete the chart below for the services performed by the Firm and the percentage of total commission and fee revenue derived from each service:

| Professional Service   | Service Provided   | Past Fiscal Year | Current Fiscal Year |
|--|--|------------------|---------------------|
| Agent  | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Broker / Wholesaler  | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Surplus Lines Broker   | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Risk Manager / Loss Control  | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Reinsurance Intermediary   | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| <b>Third-Party Administrator (TPA) / Claims Administrator</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| <b>Managing General Agent (MGA) / Managing General Underwriter (MGU) / Program Administrator</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Other: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| Other: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | %                | %                   |
| <b>TOTAL:</b>  |  | <b>100%</b>      | <b>100%</b>         |

**For activities in bold, please also complete the appropriate sections later in this application.**

2. Does the Firm expect variations of the professional services listed above of 20% or greater during the next 12 months?  Yes  No
3. Does the Firm provide any professional services over the internet or outside of the United States?  Yes  No

**If YES to Question 1 and/or 2, please provide details on a separate sheet and attach as part of this application.**

4. For all revenue projected for the next 12 months, and received the past three fiscal years, complete the chart and questions below:

| Revenue                         | Projected Next Year | Prior Year 1 | Prior Year 2 | Prior Year 3 |
|---------------------------------|---------------------|--------------|--------------|--------------|
| P&C Commissions and Fees        | \$                  | \$           | \$           | \$           |
| Life / A&H Commissions and Fees | \$                  | \$           | \$           | \$           |
| Other: _____                    | \$                  | \$           | \$           | \$           |
| Other: _____                    | \$                  | \$           | \$           | \$           |
| <b>TOTAL:</b>                   | <b>\$</b>           | <b>\$</b>    | <b>\$</b>    | <b>\$</b>    |

- a. Percentage of policies written on a direct bill basis: \_\_\_\_\_ %
- b. Premium and percentage of policies placed with non-admitted carriers: Premium: \$ \_\_\_\_\_ / \_\_\_\_\_ %
- c. Percentage of policies placed through MGAs, other Brokers or Intermediaries: \_\_\_\_\_ %
- d. Percentage of premium volume with foreign insurance carriers: \_\_\_\_\_ %
- e. Percentage of premium volume placed through a state administered fund: \_\_\_\_\_ %
- f. Percentage of premium volume accepted from sub-producers: \_\_\_\_\_ %
- g. Total number of P&C policies placed in the past year? \_\_\_\_\_
- h. Total number of life / A&H policies placed in the past year? \_\_\_\_\_

**Section II – Professional Services (continued)**

5. Complete the chart below for all premium volume from the following lines of business:

| Line of Business                  | Past Year | Projected Next Year |
|-----------------------------------|-----------|---------------------|
| Standard Personal Lines           | \$        | \$                  |
| Sub-Standard Personal Lines       | \$        | \$                  |
| Individual Life / Accident Health | \$        | \$                  |
| Group Life / Accident Health      | \$        | \$                  |
| Annuities                         | \$        | \$                  |
| Commercial Ocean Marine           | \$        | \$                  |
| Trucking                          | \$        | \$                  |
| Bonds                             | \$        | \$                  |
| Professional Liability and D&O    | \$        | \$                  |
| Workers Compensation              | \$        | \$                  |
| Umbrella / Excess                 | \$        | \$                  |
| Products Liability                | \$        | \$                  |
| Aviation                          | \$        | \$                  |
| Crop                              | \$        | \$                  |
| Flood                             | \$        | \$                  |
| Wind                              | \$        | \$                  |
| All Other Commercial P&C          | \$        | \$                  |
| <b>TOTAL</b>                      | <b>\$</b> | <b>\$</b>           |

6. Complete the chart below for all insurance carriers' business was placed with in the past 12 months:

| Insurer | Premium Volume | Years Represented | A.M. Best Rating | Underwriting Authority                                   | Line of Business |
|---------|----------------|-------------------|------------------|--|------------------|
|         | \$             |                   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|         | \$             |                   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|         | \$             |                   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|         | \$             |                   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|         | \$             |                   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |

7. Have any agency contracts been cancelled by any insurance carrier in the last five years for reasons other than lack of production?  Yes  No

**If YES, please provide details on a separate sheet and attach as part of this application.**

8. During the past three years or planned in the next 12 months, has the Firm:
- a. Been engaged in, or plan to engage in, any professional services other than those indicated in question 1?  Yes  No
  - b. Placed or plan to place coverage for risks involved in petroleum and extraction, mineral exploration and mining, hazardous waste operations or operations with significant pollution exposures?  Yes  No
  - c. Hazardous waste operations or operations with significant pollution exposures?  Yes  No
  - d. Placed or plan to place coverage, or been involved with or plan to be involved with, self-insured/captives, risk retention groups (RRG), risk purchasing groups (RPG), multiple employer trusts (MET) or multiple employer welfare arrangements (MEWA).  Yes  No
  - e. Specialized or plan to specialize in any programs or classes of business?  Yes  No

**If YES to any part of Question 8, please provide details on a separate sheet and attach as part of this application.**

9. During the past three years or within the next 12 months, the Firm been engaged to provide, or plan to provide, professional services for or in connection with any entity in which the Firm, or any other proposed insured had/has an ownership or financial interest?  Yes  No

**If YES, please provide details on a separate sheet and attach as part of this application.**

**Registered Representative**  N/A (Skip to Question 11)

10. Complete the chart and questions below for all commissions derived during the past 12 months from the following:

|                    |   |                |   |
|--------------------|---|----------------|---|
| Variable Life      | % | Stocks / Bonds | % |
| Variable Annuities | % | Pension Plans  | % |
| Mutual Funds       | % | 401k Plans     | % |

- a. Name of broker / dealer: \_\_\_\_\_
- b. Number of employees with: Series 6 license: \_\_\_\_\_ Series 7 license: \_\_\_\_\_
- c. Have there been any U-4 or U-5 violations in the past five years?  Yes  No

**If YES, please provide details on a separate sheet and attach as part of this application.**

**MGA / MGU / Program Administrator**  N/A (Skip to Question 17)

11. Complete the following chart for all carriers that the Firm serves as a MGA, MGU or program administrator:

| Carrier | Lines of Business | No. of Years | Gross Premium Last Year | Combined Loss Ratio |            |
|---------|-------------------|--------------|-------------------------|---------------------|------------|
|         |                   |              |                         | Last Year           | Prior Year |
| \$      |                   |              |                         |                     |            |
| \$      |                   |              |                         |                     |            |
| \$      |                   |              |                         |                     |            |
| \$      |                   |              |                         |                     |            |
| \$      |                   |              |                         |                     |            |

12. Complete the following chart detailing all functions performed by the Firm:

| Function               |  | Details and Limits of Authority   |
|------------------------|--|-----------------------------------|
| Quoting                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Binding                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Policy Issuance        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Claim Adjusting        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Claim Administration   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Actuarial Services     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Loss Control Services  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Reinsurance Placements | <input type="checkbox"/> Yes <input type="checkbox"/> No | Faculative: _____% Treaty: _____% |

13. Has the Firm been audited in the past two years?  Yes  No

**If YES, provide details, including recommendations and steps taken in response to all audits on a separate sheet and attach as part of this application.**

14. Has the Firm had any carrier terminate a program or lines of business in the past five years?  Yes  No

**If YES, please describe:**

15. Indicate: Number of policies issued last year: \_\_\_\_\_ Number of policies issued prior year: \_\_\_\_\_  
 Number of producers used last year: \_\_\_\_\_ Number of producers used prior year: \_\_\_\_\_  
 Premium volume last year: \$ \_\_\_\_\_ Premium volume projected next year: \$ \_\_\_\_\_  
 Number of producers with binding authority: \_\_\_\_\_

16. Please attach the following:

- a. Procedures to oversee/supervise any/all producers with binding authority.
- b. Procedures to grant binding authority to new producers.
- c. Procedures to ensure compliance with carrier limits of authority.

**Third-Party Administrator / Claims Administrator**

N/A (Skip to Registered Management - Question 1)

17. Complete the following chart based on the percentage of revenue from the past 12 months:

|                                    |   |                |   |
|------------------------------------|---|----------------|---|
| Insurance Company Claims adjusting | % | Stocks / Bonds | % |
| Reinsurance Claims Adjusting       | % | Pension Plans  | % |
| Utilization Reviews                | % | 401k Plans     | % |
| Other: _____                       | % | Other: _____   | % |

18. Complete the following chart for the Firm's Third-Party Administrator / Claim Administrator Clients:

| Client | Description of Services | Revenue   |            |
|--------|-------------------------|-----------|------------|
|        |                         | Last Year | Prior Year |
| 1.     |                         | \$        | \$         |
| 2.     |                         | \$        | \$         |
| 3.     |                         | \$        | \$         |
| 4.     |                         | \$        | \$         |
| 5.     |                         | \$        | \$         |
| 6.     |                         | \$        | \$         |

19. Does the Firm have draft authority?  Yes  No

**If YES:**

a. What is the authority grant? \_\_\_\_\_

c. Is the authority grant in writing?  Yes  No

20. Does the Firm have a fee collection process to avoid fee disputes?  Yes  No

21. Complete the following chart detailing all functions performed by the Firm:

**If YES, describe their functions:**

22. Does the Firm:

a. Refer others to healthcare providers or healthcare provider networks for medical evaluations?  Yes  No

b. Contract with healthcare providers or healthcare provider networks to provide medical care to others?  Yes  No

c. Refer others to third parties who provide repair, restoration, remediation, construction or other services/products?  Yes  No

d. Have authority to deny medical services because of medical necessity?  Yes  No

e. Contract with third parties who have the authority to deny medical services because of medical necessity?  Yes  No

**If YES to any part of Question 22, provide details on a separate sheet and attach as part of this application.**

**Please include credentialing procedures, utilization review procedures, résumés of key personnel and/or other materials that detail the Firm's processes.**

23. Does the Firm have:

a. HIPAA compliance and procedures?  Yes  No

b. Other regulatory compliance policies and procedures?  Yes  No

c. Claim file audit procedures?  Yes  No

d. Claim payment procedures?  Yes  No

e. Claim reporting procedures (from both client's to Firm, and Firm to carriers)?  Yes  No

**If YES to any part of Question 23, attach any procedures that will allow underwriters to effectively assess the Firm.**

## Section III – Risk Management

1. Complete the chart below for all licensed employees/independent contractors and customer service representatives (CSRs):

|                 | Full Time Employees | Part Time Employees | Full Time 1099 | Part Time 1099 | Average Years Experience | Average Years w/ Applicant | Turnover Rate Last Three Years |
|-----------------|---------------------|---------------------|----------------|----------------|--------------------------|----------------------------|--------------------------------|
| Agent / Brokers |                     |                     |                |                |                          |                            | %                              |
| CSRs            |                     |                     |                |                |                          |                            | %                              |
| Other: _____    |                     |                     |                |                |                          |                            | %                              |

2. Is coverage desired for 1099 independent contractors?  N/A  Yes  No
- a. If NO, are 1099 independent contractors required to maintain their own E&O insurance?  N/A  Yes  No
- b. If YES, minimum limits required: \$ \_\_\_\_\_
3. Does the Firm have:
- a. Written procedures to escalate complaints to senior management?  Yes  No
- b. Written risk management procedures, including procedures to ensure compliance with all federal, state and Local Statutes and Regulations?  Yes  No
- c. A formal training program for personnel?  Yes  No
- d. Network security procedures to prevent breaches of security (e.g. identity theft; spread of computer viruses)?  Yes  No
- e. Written procedures in place to protect the personal and confidential information of clients and prospective clients?  Yes  No
- f. Legal / clearance procedures for media and marketing material and content?  Yes  No
- g. Internal control procedures to prevent theft of client funds or other client assets?  Yes  No
4. Does the Firm have:
- a. Use a centralized diary or suspense system?  Yes  No
- b. Date stamp all incoming mail?  Yes  No
- c. Use a pre-printed form for documenting business telephone conversations?  Yes  No
- d. Have standardized file construction procedures?  Yes  No
- e. Use coverage checklists for both commercial and personal lines clients?  Yes  No
- f. Have procedures in place to address terrorism and mold exposures with each client?  Yes  No
- g. Obtain client signatures confirming their understanding when terrorism coverage is not provided?  Yes  No
- h. Obtain client signatures confirming their understanding when mold coverage is not provided?  Yes  No
- i. Document client refusals to accept coverage or limit recommendations?  Yes  No
- j. Provide clients with written confirmation of reductions in current/proposed coverage?  Yes  No
- k. Confirm all binders promptly in writing?  Yes  No
- l. Maintain a policy expiration list (including direct bill)  Yes  No
- m. Check all applications, policies and endorsements for accuracy prior to mailing?  Yes  No
- n. Mark files to ensure certificate holders are notified of cancellation/material change?  Yes  No
- o. Retain records for a minimum of five years?  Yes  No
- p. Ensure credit checks / investigations comply with the Fair Credit Reporting Act?  Yes  No
5. Does the Firm accept business from sub-producers?  Yes  No
- If YES, are sub-producers required to carry a minimum of \$500K of Professional Liability insurance?**  Yes  No
6. If the Firm places business through MGAs, wholesalers or other intermediaries, are they required to carry Professional Liability insurance?  N/A  Yes  No
- If YES, what is the minimum amount of Professional Liability insurance required?** \$ \_\_\_\_\_

## Section IV – Insurance History

**1.** Request:

Effective Date: \_\_\_\_\_ Per Claim Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_  
 Retro Date: \_\_\_\_\_ Per Claim Retention: \$ \_\_\_\_\_ Aggregate Retention: \$ \_\_\_\_\_

**2.** Complete the following chart detailing the Firm's Professional Liability Insurance History:

|              | Insurer | Per Claim Limit | Aggregate Limit | Retention | Premium |
|--------------|---------|-----------------|-----------------|-----------|---------|
| Current      |         | \$              | \$              | \$        | \$      |
| Prior Year 1 |         | \$              | \$              | \$        | \$      |
| Prior Year 2 |         | \$              | \$              | \$        | \$      |
| Prior Year 3 |         | \$              | \$              | \$        | \$      |

**3.** Has the Firm had any professional liability insurance declined, cancelled or non-renewed within the past three years?

Yes  No

**If YES, please describe:**

## Section V – Claims & License History

**1.** Have any claims, suits or proceedings been made during the past five years against the (a) Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm or entity proposed for coverage on this application?

Yes  No

**2.** After diligent inquiry of each Principal, Partner, Managing Member, Director or Officer, is the Firm aware of any fact, circumstance, incident, error, situation or accident that may result in a claim being made against (a) the Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm or entity proposed for coverage on this application?

Yes  No

**3.** Has the Firm or any individual or entity seeking coverage ever been the subject of a Reprimand or Disciplinary Proceeding, or Criminal Proceeding, by any Federal, State or Local Authority, Professional Association or State Licensing Board?

Yes  No

**4.** Has the Firm or any individual or entity seeking coverage during the past three years been involved in any disputes with respect to fees or other compensation which may be due for Professional Services rendered by the Firm or any individual or entity seeking coverage?

Yes  No

**If YES, to Questions 1, 2, 3 and/or 4, please complete a claim supplemental application for each matter.**

**5.** Has the Firm reported each matter in questions 1 – 4 to its current / former insurance carrier?

N/A  Yes  No

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The 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.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**