

# Application

## INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

FL -LIA



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS

### GENERAL INFORMATION

1. NAME OF APPLICANT : \_\_\_\_\_
2. PLEASE CHECK ONE BOX :  PARTNERSHIP  INDIVIDUAL  PROFESSIONAL CORPORATION  PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS : \_\_\_\_\_
4. DATE OF INCORPORATION : \_\_\_\_\_ 5. WEB SITE ADDRESS (if available) : \_\_\_\_\_
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS?  YES  NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA?  YES  NO
8. DOES APPLICANT OPERATE AS A BROKER OR INSURANCE AGENT? : \_\_\_\_\_
9. PLEASE DETAIL NUMBER OF:

PARTNERS/ MANAGERS/DIRECTORS & OFFICERS	EMPLOYEES

10. DOES APPLICANT PLACE BUSINESS WITH LLOYDS OF LONDON UNDERWRITERS?  YES  NO  
If yes please indicate if placed directly or with an intermediary (please name intermediary) : \_\_\_\_\_
11. DOES APPLICANT HAVE UNDERWRITING AUTHORITY?  YES  NO  
If yes please detail : \_\_\_\_\_
12. DOES APPLICANT HAVE AUTHORITY ON CLAIMS PAYMENTS ?  YES  NO  
If yes please detail : \_\_\_\_\_

### 13. PLEASE INDICATE APPLICANTS :

	PREVIOUS YEAR	CURRENT YEAR	NEXT YEAR
PREMIUMS COLLECTED			
COMMISSIONS			
OTHER INCOME (please detail)			

### 14. PLEASE INDICATE APPROXIMATE DISTRIBUTION OF PREMIUMS IN THE FOLLOWING AREAS :

	CURRENT YEAR	NEXT YEAR
(I) COMMERCIAL LINES	%	%
(II) PERSONAL LINES	%	%
(III) MARINE	%	%
(IV) LIFE & HEALTH	%	%
(V) REINSURANCE	%	%
(VI) GOVERNMENT	%	%
(VII) OTHER (please detail)	%	%

### 15. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES		PREMIUM
			from (mo./day/year)	to	

16. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

17. HAS ANY POLICY APPLICATION FOR SIMILAR INSURANCE ON THE APPLICANT'S BEHALF OR ANY OF ITS PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, SALESPERSONS (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES, OR ON BEHALF OF ANY PREDECESSORS IN BUSINESS EVER BEEN DECLINED, CANCELLED OR RENEWAL REFUSED? [ ] YES [ ] NO

If yes, give particulars : \_\_\_\_\_

**INTERNAL CONTROLS**

18. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? [ ] YES [ ] NO

B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE? [ ] YES [ ] NO

C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES? [ ] YES [ ] NO

D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? [ ] YES [ ] NO If yes please detail name, position and time with Applicant.

**CLAIMS & CIRCUMSTANCES**

19. HAVE ANY PROFESSIONAL LIABILITY CLAIMS BEEN MADE DURING THE PAST FIVE YEARS AGAINST THE APPLICANT OR ANY OF ITS PAST OR PRESENT PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, SALESPERSONS (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES OR ANY PREDECESSORS IN BUSINESS? [ ] YES [ ] NO

20. DOES ANY PROSPECTIVE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY CIRCUMSTANCES OR ANY ALLEGATIONS OR CONTENTIONS OF ANY INCIDENT WHICH MAY RESULT IN ANY CLAIM BEING MADE AGAINST THE APPLICANT OR ANY OF ITS PAST OR PRESENT PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, SALESPERSONS (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES, OR ANY PREDECESSORS IN BUSINESS? [ ] YES [ ] NO

If yes, give particulars : \_\_\_\_\_

**IF QUESTIONS 18-20 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.**

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

**NOTE TO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : \_\_\_\_\_

TITLE : \_\_\_\_\_ DATE : \_\_\_\_\_