

NAMIC PROFESSIONAL LIABILITY INSURANCE PROGRAM

Insurance Agents and Brokers Professional Liability Application

Please complete ALL questions. Mark N/A for those questions that do not apply to your company. If submitting a paper copy, please type or complete in ink. Applications submitted in pencil cannot be accepted.

Notice and Disclaimer: The policy for which application is made, subject to its terms, is a claims made and reported policy. The coverage of the policy is limited to **CLAIMS** that are first made against **INSUREDS** and reported in writing by an **INSURED** to the Insurer during the **POLICY PERIOD** or applicable Extended Reporting Period.

1) a) Applicant's Name: _____

b) Agency's Legal Name (if different from Applicant): _____

2) Physical Address: _____

Mailing Address (if different from physical address): _____

3) Policy State: _____

4) For Kentucky only, Policy County: _____

5) Phone: _____ Fax: _____

6) Web address: _____

7) Whom should we contact regarding the information supplied in this application?

Name: _____

Title: _____

E-mail Address: _____

8) List addresses for all branch offices and/or subsidiaries and a brief description of their operations (if none, please so indicate).

Branch Office / SUBSIDIARY	Nature of Operations	Percent Owned	Date Acquired / Created	Total Premium or Revenue	Coverage Requested?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9) Date Agency established (or first licensed, if individual)*: _____

* If in operation less than three years, furnish detailed explanation and resume of prior insurance experience.

10) Applicant is:

Sole Proprietor Partnership Corporation Director Agent General Agency MGA

Other (specify): _____

11) Is the Owner or an Officer, Director or employee of the Applicant a Manager, Director, Officer or employee of an insurance company or of any other insurance agency? Yes No

If "Yes", please explain:

12) a) Is the Applicant and/or Agency controlled, owned, or affiliated with any other firm, corporation, or insurance company? Yes No

If "Yes", please explain:

b) If "Yes", who employs the Agency Staff? Company Agency

Other (specify): _____

c) Are there any services provided by the Applicant and/or the Agency to the entities identified in 12 (a)? Yes No

If "Yes", please explain:

13) During the last five years, has the name of the Applicant and/or the Agency changed or has any other business been acquired, sold, merged into, or consolidated with the Applicant and/ or the Agency ? Yes No

If "Yes", please explain:

Lines of Business

14) For all business placed through the Applicant and/or the Agency please provide the premium, commissions and other income received:

a) Total new and renewal P&C **written premium excluding crop products**

Last 12 Months

Estimated Next 12 Months

b) Total new and renewal Crop/ Hail and/or Multi-Peril Crop **written premium including federal subsidized premium**

c) Total Life, Accident & Health **commissions**

Total a + b + c:

NOTE: The Insurance Agents and Brokers Professional Liability Policy excludes coverage for any type of Securities products.

15) List the P&C companies for whom the Applicant and/or the Agency provides premium, including brokerages, MGA's, clusters, etc.

Complete Name of Insurance Company

Years Represented

Annual Premium Volume

16) Please indicate the percentages of the Applicant's and/or the Agency's premium volume derived from the lines of business listed below.
 (Total of all lines must equal 100%)

Commercial Lines Premium		Personal Lines Premium	
BOP	_____ %	Auto (Standard)	_____ %
Commercial Auto	_____ %	Auto (Non-Standard)	_____ %
General Liability	_____ %	Homeowners	_____ %
Property - other than Package	_____ %	Farmowners	_____ %
Trucking (under a 200 mile radius)**	_____ %	Fire	_____ %
Trucking (over a 200 mile radius)**	_____ %	Wind	_____ %
Commercial Umbrella / Excess	_____ %	Inland Marine	_____ %
Workers' Compensation	_____ %	Umbrella	_____ %
Professional Liability (D&O and E&O)	_____ %	Total Personal Lines	_____ %
Medical Malpractice	_____ %		
Inland Marine	_____ %		
Bonds	_____ %		
Bail Bonds	_____ %		
Other (specify): _____	_____ %		
Total Commercial	_____ %		
Crop Premium		Life, Accident & Health Commissions	
Crop / Hail	_____ %	Individual Accident & Health	_____ %
Multi-Peril Crop	_____ %	Individual Life	_____ %
Total Crop	_____ %	Group Life	_____ %
		Securities	_____ %
		Variable Annuities	_____ %
		Fixed Annuities	_____ %
		Total Life, Accident & Health	_____ %
Total Commercial, Crop, Personal Lines and Life, Accident & Health* :		_____ %	

*Total must include all premium referenced in question 14 above.

**Explain type of trucking written including if SR22 filings are completed:

17) Does the Applicant and/or the Agency write in more than one state? Yes No
 If "Yes", please provide the state(s) and the percentage of business written in each state:

18) What other income producing activities is the Applicant and/or the Agency involved in? None

Crop Hail/Multi Peril Crop

(Please complete this section if Applicant and/or Agency provides crop insurance, otherwise skip to question 36)

19) Number of years the Applicant and/or the Agency has written Crop Insurance?
 Crop Hail (CH): _____ Multi-Peril Crop (MPCI): _____

20) What is the Applicant's and/or the Agency's projected policyholder growth for crop insurance in the next 12 months?

If the projected growth is more than 20% of the last 12 months, please explain:

21) Does the Applicant and/or the Agency meet the annual training and testing requirements mandated by the Federal Crop Insurance Corporation (FCIC)? Yes No

If "No", please explain:

22) Has any customer of the Applicant and/or the Agency been selected for review by an RMA Compliance Office and/or the Office of the Inspector General (OIG) within the last three years? Yes No

If "Yes", please provide the type of review completed and the details of the review, including the following:

- a) Any monetary determinations that were made as a result of the review;
- b) Whether sanctions were imposed by the RMA;
- c) If any action of the Applicant and/or the Agency contributed to any determined discrepancy.

23) Has the Applicant and/or the Agency been selected for a review by an RMA Compliance Office and/or the OIG within the last three years? Yes No

If "Yes", please provide the type of review completed and the details of the review, including the following:

- a) Any monetary determinations that were made as a result of the review;
- b) Whether sanctions were imposed by the RMA.

24) Has the Applicant and/or Agency been investigated under the fraud provisions of the Federal Crop Insurance Act or Program Fraud Civil Remedies Act? Yes No

If "Yes", please provide the date, type of review completed and the details of the review, including whether any monetary determinations were made as a result of the review and whether sanctions were imposed:

25) List the insurance companies for which the Applicant and/or the Agency produce crop insurance premium (include brokerages, MGA's, etc.).

Complete Name of Insurance Company	Years Represented	Number of CH Policies	Number of MPCI Policies	Annual Premium Volume
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26) Please indicate the percentage of premium volume derived from the lines of business listed below. (Total of all lines must equal 100%)

Private Sector Crop Insurance (Crop hail, named peril)	_____ %
Combo Plan - Common Crop Insurance Policy	_____ %
Yield Protection (YP)	_____ %
Revenue Protection (RP)	_____ %

Revenue Protection with Harvest Price Exclusion (RPHPE) _____ %
 Group Risk Income Protection (GRIP) _____ %
 Group Risk Protection (GRP) _____ %
 Catastrophe Coverage _____ %
 Livestock Risk Protection (LRP) _____ %
 Number of Years Writing _____
 Premium Volume _____
 Carrier _____
 Total Weather Insurance _____ %
 Other (specify): _____ %
Total Lines: _____ %

27) What is the most common "Unit Structure" being selected by the majority of the Applicant's and/or the Agency's customers?

Please provide a breakdown by percentages:

Whole Farm _____ %
 Enterprise _____ %
 Basic _____ %
 Optional _____ %
Total _____ %

28) Please provide, by percentage, the types of crops insured:

Corn _____ %
 Soybeans _____ %
 Wheat _____ %
 Grain Sorghum _____ %
 Other (specify): _____ %
Total _____ %

29) If the Applicant and/or the Agency writes MPCl insurance, is it automated with any company? Yes No

If "Yes", please identify the company and the number of years that the Applicant and/or the Agency has been automated:

30) What is the Applicant's and/or the Agency's CH and MPCl loss ratio for the past five years?

Crop Year	CH Loss Ratio	MPCl Loss Ratio
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

31) Are all acreage and annual production reports completed in accordance with approved procedures? (Crop Insurance Handbook, Crop Provisions, Special Provisions, etc.) Yes No

Have any acreage and/or annual production reports been submitted after the application deadline? Yes No

If "Yes", please identify the reason for the late submission and if reports were rejected:

32) Has any CH or MPC I application completed by the Applicant and/or the Agency ever been rejected by an Insurance Provider? Yes No

If "Yes", please identify the reasons why it was rejected:

33) By acreage, what is the Applicant's and/or the Agency's largest existing crop insurance account?
 Number of acres: _____

34) Does the Applicant and/or the Agency advise their customers of the following critical dates:

- a) Sales Closing? Yes No
- b) Production Reporting? Yes No
- c) Final Planting? Yes No
- d) Acreage Reporting? Yes No
- e) Date to file notice of crop damage? Yes No
- f) Premium Due Date? Yes No
- g) Debt Termination? Yes No

What system does the Applicant and/or the Agency use as a reminder to follow-up on critical dates?

35) Are the changes in coverage, when applicable, communicated to the customers by the Applicant and/or the Agency or company? Yes No

How are the changes communicated?

Agency Staff

36) Are all agents required to attend CE classes? Yes No

If "No", please explain:

37) Give the breakdown of the Applicant's and/or the Agency's total staff. Each person should be shown in only one category.

Agency Staff:	Full Time	Part Time	Number of Staff Attending an E&O Loss Prevention Seminar within the last two years
a) Owners, Partners, Officers or Directors producing business:	_____	_____	_____
b) Support Staff not producing business and paid on a W-2:	_____	_____	_____
c) All other producers writing through this Agency and not included above *:	_____	_____	_____
Totals (all staff members):	_____	_____	_____

* The policy includes coverage for subproducers but only while acting on behalf of the Applicant.

How many staff members were hired in the last 12 months? _____

Office Procedures

38) Does the Applicant and/or the Agency settle **CLAIMS** on policies written by other agents or agencies? Yes No

If "Yes", please explain:

39) Please answer the following questions regarding office procedures:

- a) Is all incoming mail date stamped? Yes No
- b) Are written binders provided pending policy issuance? Yes No
- c) Are all telephone conversations documented regarding coverage matters relating to current and prospective customers? Yes No
- d) Does the Applicant and/or the Agency have a diary system to track renewal dates, binder expirations, etc.? Yes No
- e) Does the Applicant and/or the Agency use a checklist in reviewing required coverages and limits with each customer? Yes No
- f) If a customer requests broader coverage or higher limits than the coverage that is bound, is the customer required to sign a coverage acceptance agreement? Yes No
- g) Does the Applicant and/or the Agency use a computer system with agency management software (e.g. AMS, Applied, etc.)? Yes No
- h) Does the Applicant and/or the Agency have a backup procedure to use when the staff is away from the office? Yes No
- i) Does the Applicant and/or the Agency use the Internet for marketing or sales? Yes No

Claim History

40) Have any of the Owners, Principals, Directors, Officers, employees, or other producers in the Agency been the subject of reprimand, disciplinary or criminal actions by authorities as a result of their professional activities? Yes No

If "Yes", please explain:

41) Has any similar insurance on behalf of the Applicant and/or the Agency ever been declined, cancelled or refused renewal? (Not applicable to Missouri applicants) Yes No

If "Yes", please explain:

42) Have any **CLAIMS** been made in the past five years against the Owners, Principals, Directors, Officers, employees or other producers in the Agency? Yes No

43) Is the Applicant and/or the Agency or any Owner, Principal, Director or Officer aware of any act, error or omission which might afford valid grounds for any future **CLAIM** that would fall within the scope of the proposed insurance? Yes No

If "Yes" to Questions 42-43, please complete the **Prior Claim Supplement** for each open and/or closed **CLAIM**.

NOTE: It is agreed that if such facts for circumstances exist, whether or not disclosed, any CLAIM arising from them is excluded from this proposed coverage.

Insurance Limit, Deductible & History

44) Coverage Limit Desired: _____ Deductible: _____

45) Effective Date Requested: _____

46) Previous Insurance History: No Previous Insurance

Carrier	Effective Date	Expiration Date	Limit	Deductible	Premium	Prior Acts Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employment Practices Liability Insurance

47) EPLI Limit Desired: _____ EPLI Deductible: _____

- 48) Should the quote include coverage for **CLAIMS** brought by third party customers and vendors? Yes No
- 49) Have there been any past or are there at present any **CLAIMS** or lawsuits alleging an act of harassment, discrimination or wrongful termination against the Applicant and/or Agency, its business, its employees or an Officer or Director of the Applicant? Yes No
- 50) Have there been any **CLAIMS** or lawsuits alleging an act of harassment, discrimination, or violation of civil rights that have been received from customers, clients, and/or third parties within the past three years? Yes No
- 51) Does the Applicant and/or the Agency, its **SUBSIDIARIES**, or any Director, Officer or employee of the Applicant know of any act, error or omission which could give rise to a **CLAIM(s)**, suit(s) or action(s) under the proposed Employment Practices Liability coverage? Yes No

If "Yes" to Questions 49 – 51, please complete the **Prior Claims Supplement** for each open and/or closed **CLAIM**.

It is agreed that with respect to Questions 49, 50, and 51 above, if such CLAIM(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such CLAIM(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any CLAIM or action arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

IF \$500,000 or \$1,000,000 EPLI LIMITS ARE DESIRED OR IF NUMBER OF EMPLOYEES IS 50 OR GREATER, PLEASE COMPLETE THE FOLLOWING ADDITIONAL QUESTIONS.

- 52) What percentage of the Applicant's and/or the Agency's employees have been involuntarily terminated within the last 24 months? None 1% - 25%
 Greater than 25%
- 53) What percentage of employees does the Applicant and/or the Agency anticipate laying off in the next 12 months? None 1% - 25%
 Greater than 25%
- 54) Is it the Applicant's and/or the Agency's practice to provide severance packages to the affected employee(s)? Yes No
- 55) Is it the Applicant's and/or the Agency's practice to obtain releases from liability from the affected employee(s)? Yes No
- 56) Does the Applicant and/or the Agency utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? Yes No
- 57) Has the Applicant and/or the Agency implemented a formal procedure for recording and handling employee discrimination and harassment complaints? Yes No
- 58) Does the Applicant and/or the Agency have a policy against harassment, discrimination, and civil rights violations with respect to customers, clients and other third parties? Yes No

- 59) Are the Applicant's and/or the Agency's employees trained on the company's third party anti-harassment and anti-discrimination policies? Yes No
- 60) Has the Applicant and/or the Agency ever had an application for employment practices liability coverage declined or has the Applicant and/or the Agency ever had an employment practices liability policy cancelled or non-renewed? Yes No
- 61) Is the Applicant and/or the Agency currently insured under any Employment Practices Liability insurance policy? Yes No

If Yes, please provide a copy of the Declarations page and the EPL coverage form.

PERTAINING TO COVERAGES ASSOCIATED WITH THIS APPLICATION, THE APPLICANT HEREBY AUTHORIZES THE INSURER OR ITS REPRESENTATIVES TO PROVIDE ALL COMMUNICATION VIA AN ELECTRONIC FORMAT. Yes No

A policy cannot be issued unless this application is properly signed and dated.

FOR NEW BUSINESS APPLICATIONS ONLY:

If this application is for a new policy to be written by the NAMIC Professional Liability Insurance program, please provide a copy of licenses for the Agency and all Owners, Principals and Officers.

I agree and understand that the submission of this application to Insurer, *either by electronic means or as a physical document*, constitutes an application for insurance. The person completing this application is either the person to be insured or is acting on behalf of the person(s) or entity(ies) to be insured, and affirmatively states that all representations contained in this application are true, complete and accurate and that there have been no omissions, suppressions or misstatements of facts. No insurance shall be construed as bound or in force as a result of this application. Although the electronic or written signature on this application does not bind coverage, I, as applicant or the person acting on behalf of the applicant, agree that this application form and the representations shall be the basis of any insurance contract or agreement which may be made. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. In the event a policy is issued by Insurer based on the representations contained in this application, and any or all of these representations are subsequently found to be false or that there are any omissions or any suppression or misstatement of facts, then any policy issued by Insurer relying upon such false or misstated fact shall be considered void and to have never provided any coverage to any person or entity alleged to be an **INSURED** thereunder. The person completing this application agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will *immediately* notify the Insurer of such changes, and that the Insurer may withdraw or modify any outstanding quotation and/or authorization.

NOTICE TO ALL APPLICANTS (Not applicable in Indiana, Kentucky, Delaware and New Jersey):

By applying for this insurance, the applicant also is applying for membership in NAMIC PG, a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et. Seq.). The insurer for the purchasing group may not be covered by an insurance insolvency guaranty fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state. If the applicant purchases a policy based on this application, the applicant shall become a member of the NAMIC PG. The applicant's membership in the NAMIC PG shall terminate upon termination of coverage with the insurer.

FRAUD WARNING (Not applicable to Nebraska, Oregon or Vermont applicants): 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 subjects such person to criminal and civil penalties.

FRAUD WARNING (Applicable in Tennessee, Virginia 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO MINNESOTA APPLICANTS: THIS POLICY OR CONTRACT IS NOT PROTECTED BY THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE MINNESOTA INSURANCE GUARANTY ASSOCIATION. IN THE CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED. ONLY THE ASSETS OF THIS INSURER WILL BE AVAILABLE TO PAY YOUR CLAIM.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 and may be subject to fines and confinement in prison.

NOTICE TO RHODE ISLAND APPLICANTS: This insurance contract has been placed with an insurer not licensed to do business in the state of Rhode Island, but approved as a surplus lines insurer. The insurer is not a member of the Rhode Island insurer's insolvency fund. Should the insurer become insolvent, the protection and benefits of the Rhode Island insurer's insolvency fund are not available.

NOTICE TO SOUTH CAROLINA APPLICANTS: This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this state as an eligible surplus lines insurer, but is not afforded guaranty fund protection.

NOTICE TO NEW YORK APPLICANTS: 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.

Applicant's Signature _____
(Must be an active owner, partner, president or chairman.)

Title _____

Company _____

Date _____