

Coverage Details

Applicant's Name

New Policy

What limit options would you like to have priced? *
(1 option must be selected, to a maximum of 3)

- \$1,000,000/\$2,000,000
- \$1,000,000/\$1,000,000
- \$500,000/\$1,500,000
- \$500,000/\$500,000
- \$250,000/\$750,000
- \$250,000/\$250,000

Existing Policy

Does the applicant have an existing and in-force Insurance Agents Professional Liability policy and require prior acts coverage? *

No Existing/In-Force Policy

Policy Effective Date *

Existing/In-Force Policy with a Retroactive Date

By selecting this option, you affirm that the applicant has an expiring and in-force Insurance Agents Professional Liability policy with the same retroactive date selected below.

Existing Policy Retroactive Date *

Existing Policy Expiration Date *

Existing/In-Force Policy with Full Prior Acts

By selecting this option, you affirm that the applicant has an expiring and in-force Insurance Agents Professional Liability policy that provides for Full Prior Acts coverage.

Existing Policy Expiration Date *

For the previous 5 years how many claims has the applicant had:

Related to this coverage *

Which have incurred at least \$10,000 in payments and/or expenses *

Does the applicant have any open claims? *

Yes

No

For the previous 12 months what was the applicant's:

Premium Volume *

Revenue *

For the next 12 months what is the applicant's expected:

Premium Volume *

Revenue *

Provide the approximate percentage of the applicant's annual revenue derived from:

Personal Lines Retail Agency	<input type="text"/>	%
P&C Retail Agency or Brokerage	<input type="text"/>	%
P&C Wholesale Brokerage	<input type="text"/>	%
P&C Managing General Agency	<input type="text"/>	%
Accident & Health Brokerage or Agency	<input type="text"/>	%
Accident & Health General Agency	<input type="text"/>	%
Life Brokerage or Agency	<input type="text"/>	%
Life General Agency	<input type="text"/>	%
Other	<input type="text"/>	%
Total *	<input type="text"/>	%

Applicant's General Information

Phone Number *

Address Line 1 *

Address Line 2

City *

State

Zip Code

Mailing Address (if different)

Address Line 1

Address Line 2

City

State

Zip Code

Doing Business As

Applicant Information

FEIN / Taxpayer ID Number *

Contact Name *

Website Address

E-Mail Address

Applicant's Company Type (LLC, Corporation, Individual, Partnership, etc) *

Applicant's Professional Liability Details

Year Business Established *

Is the applicant currently insured for Insurance Agents Professional Liability with Admiral Insurance Company or any other W.R. Berkley Corp. entity?

Yes No

Current Insurance Agents Professional Liability Insurer *

What is the current limit profile of the expiring policy? *

Total Employees *

In the recent calendar or fiscal year, has the applicant's revenue exceeded 5% from placements of any of the following types of P&C insurance? *

- Aviation
 Crop
 Long Haul-Trucking
 Surety
 Wet Marine
 No

Does the applicant place any of the following types of Life, Accident & Health Insurance? *

- Group Self Insured
 Group Stop Loss
 Multiple Employer Trust (MET)
 Multiple Employer Welfare Arrangements
 Viatical/Life Settlement
 No

Does the applicant provide any of the following services (or a service by another name that is essentially same service)? *

- Financial Planning
 Mutual Fund Sales
 Real Estate Sales
 Risk Management / Safety Consulting
 Reinsurance Placement
 Third-Party Administration
 No

Eligibility Questions

	Yes	No
Does the applicant have rules in place to restrict placing business with carriers A.M. Best rated less than B+ or Demotech rated less than A? *	<input type="radio"/>	<input type="radio"/>
Is the applicant owned and/or controlled by a Bank or Credit Union? *	<input type="radio"/>	<input type="radio"/>
Does the applicant maintain documentation whenever coverage is offered and rejected by an insured and/or applicant? *	<input type="radio"/>	<input type="radio"/>
Does the applicant <u>own or manage</u> any risk assumption entities, including, but not limited to, insurers, captives, risk retention groups, benefit plans, or reinsurers? *	<input type="radio"/>	<input type="radio"/>
Does the applicant <u>own, manage, or control</u> any insurance clusters? *	<input type="radio"/>	<input type="radio"/>
Are the applicant and all of its principals, employees, and/or independent contractors licensed in accordance with applicable local, state, and federal regulations? *	<input type="radio"/>	<input type="radio"/>
Has the applicant or any of its principals, employees and/or independent contractors ever been convicted of a felony? *	<input type="radio"/>	<input type="radio"/>
Has the applicant or any of its principals or employees ever had professional liability insurance declined, cancelled, or non-renewed for any reason other than for non-payment of premium or carrier exit from the marketplace? (Do Not Answer in Missouri) *	<input type="radio"/>	<input type="radio"/>

Within the past five (5) years, has the applicant or any of its principals, employees and/or independent contractors been subject of complaints, charges, or disciplinary action for any reason, by a court, licensing board, or regulatory agency responsible for maintaining insurance agents' professional standards? *

After inquiry, is the applicant or any of its principals or employees aware of any circumstances or incidents which may result in any claim against it or its principals, employees, or independent contractors? *

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

I/We understand that any subsequent contract issued by the Company will be issued on a CLAIMS MADE AND REPORTED form.

If I/we purchase Data Security and Privacy coverage, I/we warrant that:

- I/We have under 10,000 individual records that contain personally identifiable information or personal health records, including social security numbers, drivers license numbers, credit card numbers, or other sensitive records.
- I/We have not suffered a loss of more than five (5) records in the past five (5) years and is not aware of any circumstance that is likely to lead to a claim arising from a data security or privacy breach.

Signature of the Applicant (Principal, Partner, or Officer):

Sign Here 	

Date / /

Print Name

Title