



# PROFESSIONAL / SPECIALTY INSURANCE APPLICATION

(FOR USE IN MANAGEMENT, EXECUTIVE & PROFESSIONAL LINES - APPLICANT SECTION)

DATE (MM/DD/YYYY)

|                       |          |                               |                    |           |
|-----------------------|----------|-------------------------------|--------------------|-----------|
| AGENCY                |          | CARRIER                       |                    | NAIC CODE |
| CONTACT NAME:         |          | UNDERWRITER                   | UNDERWRITER OFFICE |           |
| PHONE (A/C. No. Ext): |          | POLICIES OR PROGRAM REQUESTED |                    |           |
| FAX (A/C. No.):       |          | POLICY NUMBER                 |                    |           |
| E-MAIL ADDRESS:       |          |                               |                    |           |
| CODE:                 | SUBCODE: |                               |                    |           |
| AGENCY CUSTOMER ID:   |          |                               |                    |           |

|   |                          |   |   |  |
|---|--------------------------|---|---|--|
| INDICATE SECTIONS ATTACHED  |                          | PROFESSIONAL LIABILITY                            | INTERNET LIABILITY                          | BUSINESS TYPE                                  |
| <input type="checkbox"/> D&O (Directors & Officers)                             | <input type="checkbox"/> | <input type="checkbox"/> MEDIA PROFESSIONAL       | <input type="checkbox"/> TECHNOLOGY         | <input type="checkbox"/> PUBLIC                |
| <input type="checkbox"/> E&O (Errors & Omissions) / MISC PROFESSIONAL LIABILITY | <input type="checkbox"/> | <input type="checkbox"/> ARCHITECTS PROFESSIONAL  | <input type="checkbox"/> WORKPLACE VIOLENCE | <input type="checkbox"/> PRIVATE               |
| <input type="checkbox"/> EPLI (Employment Practices Liability)                  | <input type="checkbox"/> | <input type="checkbox"/> LAWYERS PROFESSIONAL     |   | <input type="checkbox"/> NOT FOR PROFIT        |
| <input type="checkbox"/> FIDUCIARY  | <input type="checkbox"/> | <input type="checkbox"/> ACCOUNTANTS PROFESSIONAL |   | <input type="checkbox"/> HEALTH CARE           |
| <input type="checkbox"/> CRIME  | <input type="checkbox"/> | <input type="checkbox"/> MEDICAL MALPRACTICE      |   | <input type="checkbox"/> FINANCIAL INSTITUTION |
| <input type="checkbox"/> KIDNAP / RANSOM  | <input type="checkbox"/> | <input type="checkbox"/> INSURANCE AGENTS         |   |  |

|                                       |                                       |  |                              |  |  |              |
|---------------------------------------|---------------------------------------|--|------------------------------|--|--|--------------|
| STATUS OF TRANSACTION                 |                                       |  | POLICY INFORMATION           |  |  |              |
| <input type="checkbox"/> QUOTE        | <input type="checkbox"/> ISSUE POLICY | <input type="checkbox"/> RENEWAL                           | <input type="checkbox"/> NEW | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. |  |              |
| BOUND (Give Date and/or Attach Copy): |                                       |  | PROPOSED EFF DATE            | PROPOSED EXP DATE  | BILLING PLAN   | PAYMENT PLAN |
| DATE                                  | TIME                                  | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |                              |  | <input type="checkbox"/> DIRECT BILL<br><input type="checkbox"/> AGENCY BILL |              |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| APPLICANT / FIRM INFORMATION (As Applicable)   |  |   |                                   |
| NAME (First Named Insured and Other Named Insureds)  |  | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) |                                   |
| FEIN # (of First Named Insured):   |  | APPLICANT'S TITLE:                                  |                                   |
| SOC SEC # (if no FEIN) (of First Named Insured):   |  | NAICS CODE:   | SIC CODE:                         |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | CR BUREAU NAME:                                     |                                   |
| FAX (A/C. No.):  |  | ID NUMBER:  |                                   |
| WEBSITE ADDRESS(ES):   |  | PRIMARY E-MAIL ADDRESS:                             |                                   |
|  |  | SECONDARY E-MAIL ADDRESS:                           |                                   |
| <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> CORPORATION   | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | <input type="checkbox"/> LLC      |
| <input type="checkbox"/> PARTNERSHIP   | <input type="checkbox"/> JOINT VENTURE   | <input type="checkbox"/> PC                         | <input type="checkbox"/> GP / LLP |
| TOTAL EMPLOYEES  |  | TOTAL PAYROLL                                       | TOTAL REVENUES                    |
| FULL TIME:   | PART TIME:   | \$  | \$                                |
|  |  | TOTAL ASSETS  | TOTAL LIABILITIES                 |
|  |  | \$  | \$                                |

|  |  |  |  |
|--|--|--|--|
| CONTACT INFORMATION (Attach additional sheets if more space is required)                                 |  |  |  |
| PRIMARY CONTACT  |  | CONTACT TYPE:  |  |
| NAME:  |  | NAME:  |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS:  |  | PRIMARY E-MAIL ADDRESS:  |  |
| SECONDARY E-MAIL ADDRESS:  |  | SECONDARY E-MAIL ADDRESS:  |  |

|  |
|--|
| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) |
|  |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES   |              |                          | Y / N                    |
|---|--------------|--------------------------|--------------------------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?   |              |                          | <input type="checkbox"/> |
| PARENT COMPANY  | RELATIONSHIP | % OWNERSHIP BY PARENT    | <input type="checkbox"/> |
|   |              |                          |                          |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |              |                          | <input type="checkbox"/> |
| NAME OF SUBSIDIARY  | RELATIONSHIP | % OWNERSHIP BY APPLICANT | <input type="checkbox"/> |
|   |              |                          |                          |
|   |              |                          |                          |
|   |              |                          |                          |
|   |              |                          |                          |
|   |              |                          |                          |
| 2. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?  |              |                          | <input type="checkbox"/> |
| 3. HAS ANY POLICY OR COVERAGE BEING APPLIED FOR BEEN DECLINED, CANCELLED OR NON-RENEWED? (Not applicable in MO) |              |                          | <input type="checkbox"/> |
| 4. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?                      |              |                          | <input type="checkbox"/> |
| 5. HAS BUSINESS BEEN PLACED IN A TRUST?<br>IF YES, NAME OF TRUST:   |              |                          | <input type="checkbox"/> |
| 6. ARE THERE ANY PREDECESSOR FIRMS?   |              |                          | <input type="checkbox"/> |

**REMARKS**

**PRIOR CARRIER INFORMATION (List Current Primary Policy First)**

| LINE                                      | CATEGORY              | CLAIMS MADE   |           | OCCURRENCE |    | CLAIMS MADE |    | OCCURRENCE |    | CLAIMS MADE |    | OCCURRENCE |    | CLAIMS MADE |    | OCCURRENCE |    |  |
|---|-----------------------|---------------|-----------|------------|----|-------------|----|------------|----|-------------|----|------------|----|-------------|----|------------|----|--|
| L<br>I<br>A<br>B<br>I<br>L<br>I<br>T<br>Y | CARRIER               |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY NUMBER         |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY TYPE           |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | EFF-EXP DATE          |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | RETRO DATE            |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | CONTINUITY DATE       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | LIMIT PER CLAIM       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | RETENTION             |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | DEDUCTIBLE            |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | ADDITIONAL LAYERS     | YES           | NO        | YES        | NO | YES         | NO | YES        | NO | YES         | NO | YES        | NO | YES         | NO | YES        | NO |  |
| TOTAL PREMIUM                             |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| E<br>P<br>L<br>I                          | CARRIER               |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY NUMBER         |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY TYPE           |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | EFF-EXP DATE          |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | RETRO DATE            |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | CONTINUITY DATE       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | LIMIT PER CLAIM       | OCCURRENCE    | AGGREGATE |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | RETENTION             |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | DEDUCTIBLE            |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | TOTAL PREMIUM         |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| C<br>R<br>I<br>M<br>E                     | CARRIER               |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY NUMBER         |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | POLICY TYPE           |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | EFF-EXP DATE          |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | LIMIT                 |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | DEDUCTIBLE            |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | TOTAL PREMIUM         |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   | O<br>T<br>H<br>E<br>R | CARRIER       |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   |                       | POLICY NUMBER |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
|   |                       | POLICY TYPE   |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| EFF-EXP DATE                              |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| LIMIT                                     |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| DEDUCTIBLE                                |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| TOTAL PREMIUM                             |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| ATTACHMENTS                               |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| FINANCIALS                                |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| CARRIER LOSS RUNS                         |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |
| CARRIER SUPPLEMENT(S)                     |                       |               |           |            |    |             |    |            |    |             |    |            |    |             |    |            |    |  |

**LOSS HISTORY (Attach additional sheets if more space is required)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

CHK HERE IF NONE       SEE ATTACHED LOSS SUMMARY

| DATE OF OCCURRENCE | LINE OF BUSINESS | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM / NOTICE | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS |
|--------------------|------------------|---|------------------------|-------------|-----------------|--------------|
|                    |                  |   |                        |             |                 | OPEN/CLSD    |
|                    |                  |   |                        |             |                 |              |
|                    |                  |   |                        |             |                 |              |
|                    |                  |   |                        |             |                 |              |
|                    |                  |   |                        |             |                 |              |

**REMARKS**

REMARKS

AGENCY CUSTOMER ID: \_\_\_\_\_

|  |
|--|
|  |
|--|

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

|                       |      |                      |                          |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|