



# DESIGNED PROTECTION® APPLICATION FOR AGENTS AND BROKERS ERRORS AND OMISSIONS LIABILITY INSURANCE

(Claims Made or Claims Made and Reported Basis)

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

## I. GENERAL INFORMATION

1. Full name of Applicant: \_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)
3. Contact person: \_\_\_\_\_ email: \_\_\_\_\_ phone no. \_\_\_\_\_ fax: \_\_\_\_\_
4. Web site: \_\_\_\_\_ 5. Date organized (MM/DD/YYYY): \_\_\_\_\_
6. Business is a:  corporation  partnership  sole proprietorship  other \_\_\_\_\_
7. Are there any predecessor organizations to the Applicant (any organization which was engaged in the same essential types of insurance activities as the Applicant, in whose financial assets and liabilities the Applicant is the majority successor in interest)? .....  Yes  No  
If Yes, name of predecessor organization(s): \_\_\_\_\_
8. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? .....  Yes  No  
(a) If Yes, are any services provided to such organization(s)? .....  Yes  No  
(b) If Yes, provide details. \_\_\_\_\_
9. During the last five years has the Applicant been involved in, or are they presently considering or contemplating:  
(a) Any merger or acquisition? .....  Yes  No  
(i) If Yes, provide a complete explanation detailing liabilities assumed and any Errors and Omissions Liability Coverage purchased by any predecessor organization. \_\_\_\_\_  
(b) A change in the nature of business operations? .....  Yes  No  
(i) If Yes, provide details. \_\_\_\_\_
10. During the last five years has:  
(a) The name of the Applicant been changed? .....  Yes  No  
(b) Ownership of the Applicant changed? .....  Yes  No  
(c) If Yes to either (a) or (b) above, provide details. \_\_\_\_\_

11. Does the Applicant have any subsidiaries or affiliated organizations? .....  Yes  No  
(a) If Yes, provide the following for each subsidiary and affiliated company.

Name	Description of Operations	% Ownership by Applicant	Date Acquired, Created or Affiliated	Domicile State

- (b) Is coverage requested for any of the above organizations? .....  Yes  No  
(i) If Yes, for which organization(s) is coverage requested? \_\_\_\_\_



\$ \_\_\_\_\_

10. Provide the percentage of annual total gross income from the following:

Appraisal Services _____%	Premium Financing _____%
Insurance Claims Adjusting _____%	Reinsurance Intermediary _____%
Insurance Claims Administration _____%	Risk Management for a fee _____%
Insurance Commissions _____%	Structured Settlements _____%
Insurance Consulting for a fee _____%	Third Party Administration _____%
Insurance Program Administration _____%	Other (specify) _____%

11. (a) Provide number of the Applicant's total staff (including part-time):  
 Active principals, partners, officers, directors \_\_\_\_\_  
 Employed/independent contractor solicitors, brokers, agents \_\_\_\_\_  
 Other employees \_\_\_\_\_  
 Total \_\_\_\_\_

(b) Total number of staff hired within the last twelve months \_\_\_\_\_  
 (c) Total number of staff resigned, retired or terminated within the last twelve months \_\_\_\_\_

12. Average number of years with the Applicant:  
 (a) Professional Staff \_\_\_\_\_  
 (b) Clerical Staff \_\_\_\_\_

13. Provide the following for each owner of the Applicant:

Owner's Name	Title	Currently Active full time with the Applicant (Yes/No)	Total Number of Years With the Applicant	Total Number of Years in the Insurance Industry	Percentage Ownership

14. Does the Applicant place homeowners or property insurance for any insureds located in the hurricane belt (AL, FL, GA, LA, MS, NC, SC or TX)?.....[ ] Yes [ ] No  
 (a) If Yes, does the Applicant always get a written sign-off from the client if they decline to purchase Flood and/or Windstorm coverage?.....[ ] Yes [ ] No  
 If No, explain. \_\_\_\_\_

15. When the Applicant receives a claim from an insured:  
 (a) What is maximum number of days within which the Applicant notifies the insurer? \_\_\_\_\_  
 (b) What is the number of days after forwarding a notice to an insurer that the Applicant allows before following up with the insurer to confirm the insurer's receipt of the notice? \_\_\_\_\_  
 (c) Are all notifications to the insurer in writing? .....[ ] Yes [ ] No

**III. OFFICE PROCEDURES AND CONTROLS**

1. Does the Applicant have procedures or controls to ensure that all:  
 (a) Date/time sensitive items are entered into a central diary/suspense system? .....[ ] Yes [ ] No  
 (b) Incoming mail is date stamped? .....[ ] Yes [ ] No  
 (c) Employees correctly follow procedures? .....[ ] Yes [ ] No  
 (d) Quotes and Binders are in writing and contain a description of coverage and restrictions? .....[ ] Yes [ ] No  
 (e) Orders to bind are in writing from the insured or sub producer and state the coverage the bind request is for? .....[ ] Yes [ ] No  
 (f) Policies and endorsements comply with the insured's or sub producer's requests? .....[ ] Yes [ ] No  
 (g) Requests for policy changes (endorsements) and reductions in coverage are in writing from the insured or sub producer? .....[ ] Yes [ ] No  
 (h) Requests for cancellation are in writing from the insured, sub producer or premium finance company? .....[ ] Yes [ ] No  
 (i) Policies that are renewed with less coverage than on the expiring policy, have a reduced coverage statement acknowledging the coverage reduction that is signed by the insured or the sub producer? .....[ ] Yes [ ] No

2. Does the Applicant place business as a retailer?.....[ ] Yes [ ] No  
 If Yes, does the Applicant always:

- (a) Use a comprehensive coverage checklist? .....[  Yes [  No
- (b) Get a written sign-off from the client if they decline to purchase recommended coverage? .....[  Yes [  No
- 3. Does the Applicant allow staff to sign an application on behalf of a client? .....[  Yes [  No
  - (a) If Yes, provide an explanation. \_\_\_\_\_
- 4. Does the Applicant check that all cancellation notices and nonrenewal notices are sent in compliance with policy provisions and state statutory requirements? .....[  Yes [  No
- 5. Does the Applicant:
  - (a) Require all sub agents and producers to have Errors and Omissions Liability Coverage? .....[  Yes [  No
  - (b) Require a copy of all sub agents'/producers' licenses prior to binding any risk for them?.....[  Yes [  No
  - (c) Have a system which ensures that its sub agents/producers are licensed and have in-force Errors and Omissions Liability Coverage, each year?.....[  Yes [  No

**IV. MANAGING GENERAL AGENTS, UNDERWRITING MANAGERS AND PROGRAM ADMINISTRATORS**

- 1. Does the Applicant act as Managing General Agent ("MGA"), Underwriting Manager and/or Program Administrator?.....[  Yes [  No  
 If **No**, skip to Section V.  
 If **Yes**, answer the following questions.

- 2. Provide the following information for each organization that the Applicant has represented as an MGA, Underwriting Manager or Program Administrator for the last five years.

Insurer	Domicile of Insurer	Number of Years Represented	Annual Premium Volume	Number of Times Audited per Year

- 3. In the last three years has any audit by an insurer stated that the Applicant:
  - (a) Had exceeded its premium cap or underwriting authority?.....[  Yes [  No
  - (b) Did not issue the correct policy wording and/or endorsements as mandated by the insurer?.....[  Yes [  No
  - (c) If Yes to either of the above questions, provide details and actions taken to amend procedures. \_\_\_\_\_
- 4. In the last three years, other than minor infractions, were all audits by insurers satisfactory? .....[  Yes [  No  
 If No, provide details. \_\_\_\_\_
- 5. In the last five years has any:
  - (a) MGA, Underwriting Manager or Program Administrator contract authority been canceled, revoked or terminated? .....[  Yes [  No
  - (b) Insurer added any restrictions to the Applicant's underwriting or claim handling authority?.....[  Yes [  No
  - (c) If Yes to either of the above questions, provide details. \_\_\_\_\_
- 6. (a) What is the Applicant's maximum authority for the following:
  - Binding Risks \$ \_\_\_\_\_
  - Claims Adjusting/Administration \$ \_\_\_\_\_
  - Loss Control \$ \_\_\_\_\_
  - Reinsurance Placement \$ \_\_\_\_\_
  - (b) Does the Applicant have authority for any insurer other than stated in IV.2. hereinabove? .....[  Yes [  No
    - (i) If Yes, provide details. \_\_\_\_\_
  - (c) Total number of insurers for which the Applicant has authority of any kind: \_\_\_\_\_
- 7. (a) Provide the total number of producers that the Applicant has appointed as sub agents. \_\_\_\_\_
  - (b) Has the Applicant delegated any underwriting, claim handling and/or any other authority to any sub agent? .....[  Yes [  No  
 If Yes,
    - (i) Provide a detailed description. \_\_\_\_\_

- (ii) Provide a copy of the contract with the insurer that authorizes the Applicant to delegate authority to other organizations.

**V. CLAIMS/HISTORY**

1. (a) Limits of Liability: Indicate the limits of liability requested:

Per Claim / Aggregate

- \$1,000,000 / \$1,000,000       \$4,000,000 / \$4,000,000  
 \$2,000,000 / \$2,000,000       \$5,000,000 / \$5,000,000  
 \$3,000,000 / \$3,000,000       other \_\_\_\_\_

- (b) Deductible: Indicate the deductible requested:

- \$5,000     \$10,000     \$25,000     \$50,000     higher – specify \$ \_\_\_\_\_

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.

2. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant or any of its principals, partners, officers, directors, trustees, employees, managers or managing members or predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? .....[  Yes [  No

(a) If Yes, how many? \_\_\_\_\_

(b) Attach a completed copy of our Supplemental Claim Form.

3. Is the Applicant and/or any of its principals, partners, officers, directors, trustees, employees, managers or managing members or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? .....[  Yes [  No

(a) If Yes, complete a copy of our Supplemental Claim Form.

4. Has the Applicant and/or any of its principals, partners, officers, directors, trustees, employees, managers or managing members or any person(s) or organization(s) proposed for this insurance ever been involved in or have knowledge of any pending or completed investigative or administrative proceeding? .....[  Yes [  No

(a) If Yes, provide details. \_\_\_\_\_

5. Has the Applicant and/or any of its principals, partners, officers, directors, trustees, employees, managers or managing members, predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance ever had its/his/her license suspended or revoked or has its/his/her license ever been forfeited or ever been investigated or disciplined by a state insurance department, federal agency, regulatory agency or professional review board? .....[  Yes [  No

(a) If Yes, provide details on a separate sheet.

6. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? .....[  Yes [  No

(a) If Yes, attach a copy of such insurer's notice.

7. Errors and Omissions Liability Insurance for the last five years:

Policy Period	Insurer	Limits of Liability	Deductible	Retro Date	Premium

**REPRESENTATIONS**

**BY SIGNING THIS APPLICATION THE APPLICANT AGREES THAT:**

1. The Applicant has made a comprehensive internal inquiry or investigation to determine whether anyone in the Applicant organization is aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim, and have divulged any and all such situations in Part V. Questions 2., 3., 4. and 5. of this application; and
2. The application and attachments, and all of the statements and answers given therein are:
  - (a) accurate and complete to the best of the Applicant's knowledge;
  - (b) representations the Applicant is making on behalf of all persons and organizations proposed to be insured;
  - (c) a material inducement to the Company to provide a proposal for insurance and any policy that the Company issues is issued on reliance upon these representations; and
  - (d) deemed attached herein, incorporated into, and form a part of the policy.
3. The Applicant agrees to report to the Company in writing any material change in its operations, conditions, or answers provided in this application that may occur or be discovered after the completion date of the application and before the effective date of the policy. On receipt of any such written notice the Company has the right to modify or withdraw any proposal for insurance the Company has offered, at the sole discretion of the Company.

**Signing of this application does not bind the Company to offer, nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and it will be deemed attached to and made a part of the policy should a policy be issued.**

**Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be considered a crime.**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

No fact, circumstance, situation or incident indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation, incident or allegation of negligence or wrongdoing, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless an automatic extended reporting period is available or the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

Must be signed within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.