



United States Liability Insurance Group

Insurance Agents and Brokers Professional Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Application for claims made Insurance

PART I - AGENCY DETAILS

1. Agency Name: _____
 Home Office Address: _____

 Date Established: ____/____/____ Telephone Number: () _____ Fax Number: () _____
 Addresses of Branch Offices/Subsidiaries (Please list on a separate attachment).

2. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?
 Yes No (If yes, **please attach an explanation.**)
3. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into, or consolidated with the original firm? Yes No (If yes, **please attach an explanation.**)

4. How many agents/brokers employed? _____ How many independent contractors (sub-agent/broker/solicitor)? _____
 Total Number of Full Time Employees? _____ Total Number of Part Time Employees? _____

If Agency has been in operation less than three (3) years, please answer the following:

Of the agents/brokers and independent contractors listed above, indicate years of experience below:

_____ Less than one year _____ 1 - 5 years _____ 5 + years

PART II - AGENCY OPERATIONS

5. A.) Please give the approximate percentage breakdown of the total of your premium volume and fees as:
- "Retail Agent" _____% (Business placed directly with Insurance Companies, JUA's or assigned risk pools, etc.)
 "Retail Broker" _____% (Business placed through other agents, MGA'S, Wholesalers, etc.)
 "Wholesale Broker" _____% (Business received from other non-employee or contract Brokers or Agents and placed by your agency.)
 "Other" (explain) _____% _____
Must total 100%

- B.) During the past 5 years, were the above percentages for "Wholesale Broker", or "Other" higher than 10% in any single annual period? Yes No (If yes, **please attach an explanation** including the percentage breakdown of premium volume per year.)

6. Do you derive income from any activity/profession other than the sale of Insurance Products? Yes No
 (If yes, **please attach an explanation** including the percentage of your total annual income derived from it.)

7. Do you currently act or have you acted in the past five years as an MGA, Third Party Administrator, Reinsurance Intermediary, or provided services for a fee as a Risk Manager/Consultant? Yes No
 (If yes, **please attach an explanation** including the percentage of your total annual premium volume derived from it.)

8. A.) List **ALL** Insurance Companies with which your Agency places business: (Use attachment if necessary.)

Insurance Company	Direct Placement?	Total Annual Premium Volume	AM Best Rating	Admitted Carrier
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

- B.) Other than the Companies listed in question 8 A.), has coverage been placed with any unrated, non-admitted or alien Insurance Companies in the past 5 years? Yes No (If yes, **please attach an explanation** including the Insurance Company and premium volume per year.)

9. List insurance carriers with whom agency contracts have been terminated in the last 5 years and with whom 25% or more of your annual premium was placed. **(Attach an explanation for each termination)** _____

10. Breakdown of Premium Volume of Business by Line of Coverage:

PERSONAL LINES:

Volume

Automobile - Standard	\$ _____
Automobile - Non-standard (including Assigned Risk, JUA'S, etc.)	\$ _____
Homeowners - Standard	\$ _____
Homeowners - Non-standard (including Fair Plans)	\$ _____
List other Personal Lines by Line:	
1. _____	\$ _____
2. _____	\$ _____
TOTAL PERSONAL LINES	\$ _____

COMMERCIAL LINES:

Workers Compensation	\$ _____
Long Haul Trucking	\$ _____
Commercial Auto	\$ _____
Livery (Taxi, Limousine, etc.)	\$ _____
Commercial General Liability	\$ _____
Commercial Property	\$ _____
Ocean/Wet Marine	\$ _____
Inland Marine	\$ _____
Bonds-Surety	\$ _____
Bonds-All Other	\$ _____
Aviation	\$ _____
Umbrella/Excess	\$ _____
Physicians & Hospitals	\$ _____
Professional Liability	\$ _____
Trusts including Workers Compensation Trusts, MET'S, MEWA'S, etc	\$ _____
Risk Retention Plans	\$ _____
Other (Describe)	\$ _____
TOTAL COMMERCIAL LINES	\$ _____
Life, Accident & Health	\$ _____
TOTAL ALL LINES	\$ _____

11. What percentage of the premium volume listed in question 10 is written on a non-admitted basis? _____
 (Do not include Assigned Risk, JUA'S, and Fair Plans)

12. **Office Loss Control Procedures:**

- Is all incoming mail date stamped? Yes No
- Is a policy expiration list maintained with a suspense/diary system? Yes No
- Are all applications, policies and endorsements checked prior to mailing or submission? Yes No
- Does the agency use a computerized agency management system? Yes No

Identify System: _____

Number of Agents/Brokers with a CPCU or CLU Designation: _____

13. Do you specialize in any particular class of business Yes No (if Yes, provide details) _____

PART III - CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI Companies.

14. During the past five (5) years, has any claim been made or suit brought against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors?
 Yes No (If yes, **provide details on the separate supplemental claims application.**)

15. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? Yes No
(If yes, **provide details on the separate supplemental claims application.**)

PART IV - INSURANCE COVERAGE INFORMATION

16. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in anyway by any state insurance department? Yes No (If yes, **please attach an explanation.**)

17. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused?
Yes No (If yes, **please attach an explanation.**)

18. Please provide the following information on your professional liability insurance for the past three years:

Name of Insurer	Limit	Deductible	Policy Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. Retroactive Date of current policy (if any): ____/ ____/ ____

20. Have you ever purchased "Extended Discovery/Reporting Period" coverage ("tail") from any prior insurer?
 Yes No (If yes, **please attach an explanation.**)

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true, The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature of Applicant or Insured: _____
Must be signed by a Principal, Partner or Officer of the Firm

Date: _____