



ALL RISKS, LIMITED
 10150 York Road, 5th Floor
 Hunt Valley, MD 21030
 Phone: (410) 828-5810
 Fax: (410) 828-8179
www.allrisks.com

Independent Agents and Brokers E&O Program

This is an Application for a Claims-Made Policy. Coverage is subject to Company approval.

Application Instructions

- A. Please type or complete the application in ink.
- B. If additional information is required, please provide on Applicant's letterhead.

A. Applicant Information

1. Applicant's Legal Name _____
 (Complete name as it should appear on the policy. Include Inc., Corp., Ltd., LLC/LLP, Trade Names, DBAs, etc.)

2. a. Applicant's Principal Office Address _____
 No. Street City State Zip Code

b. Mailing Address (If different from above) _____
 No. Street City State Zip Code

3. Additional business locations/branches offices: **If more locations, attach additional sheet.**

Name (if different from above)	Address	Gross Annual Premium	Number of Employees
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

4. Are all Applicant's locations centrally managed? Yes No
If No, attach a detailed explanation.

5. a. Key Contact _____ Phone (____) _____ - _____

b. E-mail address _____ Fax (____) _____ - _____

6. Applicant's Website _____

7. a. Date established _____
 Sole Proprietor Partnership Corporation LLC/LLP Other

If Applicant has been in business 3 years or less, attach a business plan and resumes of all Agency Principals.

b. Number of years Applicant has been under current ownership/management? _____

8. License(s) held by Applicant and/or Applicant's Employees: (check all that apply)
- Agent/Agency Surplus Lines TPA MGA Other
 Producer Broker Consultant Claims Adjuster

9. Within the last 5 years (check all that apply):
- Name of Agency changed Cluster/alliance participation/affiliation established
 Change in Agency ownership Acquired, merged, consolidated with or purchased any other Agency
 Change in Agency Principals
- If any of the preceding are checked, attach a detailed explanation.**

10. a. Is the Applicant owned by, associated with or controlled by any other businesses? Yes No
- b. Does anyone from the Applicant sit on any Company Board of Directors or Governing Committees involving an insurance related activity? Yes No
- If Yes to any of the preceding, attach a detailed explanation.**

11. List any Professional Trade Associations or Industry Groups of which Applicant is a member. _____

B. Staffing

12. Numbers of the following personnel:
- a. Owners, Principals, Officers, Partners _____
 - b. Employed Solicitors, Brokers, Agents _____
 - c. Non-employee Solicitors, Brokers, Agents _____
 - d. Other employees (including clerical) _____
 - e. Total _____

13. List Applicant's Owners, Principals, Officers, and Licensed Employee Solicitors, Produces, Brokers and Agents.
(Attach separate list if necessary.)

Name W/ Professional Designations	Show Licenses & Number of Years Licensed for Each:						# Yrs w/ agency	#Yrs. Ins Exp
	P&C	Life/A&H	NASD 6	NASD 7				
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____

14. List name and title of each person responsible for the Applicant's internal office methods and procedures and indicate percentage of time spent in this function:

Name	Title	% of Time
------	-------	-----------

15. What percent of Applicant's employees have insurance designations (i.e. CPCU, CIC, ARM, etc)? _____%

16. What percent of Applicant's licensed staff has less than:

- a. 1 year experience? _____%
- b. 3 years experience? _____%
- c. 5 years experience? _____%

17. What was the Applicant's turnover rate for the last three years? year 1 _____% year 2 _____% year 3 _____%

C. Mix of Business

18. List the top five insurance companies, brokerages, MGA's for whom the Applicant produces premium:

Insurance Company, brokerage or MGA	Years with Company	Annual Premium
		\$
		\$
		\$
		\$
		\$

19. What percent of business is placed with an Admitted carrier _____% or Non-Admitted _____%

20. What percent of business is placed with a carrier rated NR, B+ or less? _____%

21. Does Applicant have a procedure to notify policyholders of a carrier rating downgrade? Yes No
If No, attach a detailed explanation.

22. Has any contract between the Applicant and any carrier been terminated, by either the carrier or the Applicant, within the last five years? Yes No
If Yes, attach a detailed explanation.

23. Does the Applicant provide any of the following services or perform any of the following activities?

	Yes	No	Annual Revenue Generated
Actuarial Services*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claims Adjustment Services*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Human Resource Services*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Tax Preparation/Advisor*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Premium Financing Company*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Mortgage/Mortgage Service Facility*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Insurance Consulting without Insurance Placement*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Mutual Fund Sales*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Financial Products/Investments/Securities Sales*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Real Estate*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Safety/Loss Control Consultants *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Motor Vehicles Title Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Marketing of the products and/or services for Professional Employer Organizations (PEOs)*	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other: <i>(Describe)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$

* Coverage requested for any of these activities/services requires a separate supplement/application.

24.

Premium and Commission Figures	Projected next year	Actual Current year	Actual 24 months prior	Actual 36 months prior
Total Annual P&C Gross Written Premium:				
Total Annual Gross P&C Commissions:				
Total Annual Life and A&H Gross Written Premium:				
Total Annual Gross Life and A&H Commissions:				
Total Annual income not included above:				

25. What percentage of Applicant's P&C business was placed:

- a. Direct with Insurance Carriers _____%
- b. Through Brokers or Wholesalers _____%
- c. With MGAs/MGUs _____%
- d. With other Insurance Intermediaries _____%
- e. As a Broker, Wholesaler or MGA/MGU _____%

If (d) or (e) are completed, attach a detailed explanation.

26. If applicable, does Applicant verify if sub-agents/producers carry E&O insurance?

Yes No

29. In the past 5 years has the Applicant placed coverage for or with:
- a. A Petroleum exploration or Hazardous Waste Removal (including storage or treatment)? Yes No
 - b. Captive management, self-insured captives, reinsurance and/or Risk Retention Groups? Yes No
 - c. Multiple Employer Trusts or Multiple Employer Welfare Arrangements? Yes No
 - d. Any Professional Employer Organizations (PEOs) and/or their Client Companies? Yes No
- If Yes to any of the above, attach a detailed explanation including, type of coverage, number of accounts, annual premiums and Program names.**

D. Automated Management Systems

30. Does Applicant use an automated management system for any of the following:
- a. Accounting? Yes No
 - b. Diary/Suspense System? Yes No
 - c. Document Management? Yes No
 - d. Other? (please specify) _____ Yes No
31. Does Application operate in a paperless environment? Yes No
- a. If Yes, provide date on which Applicant initiated a paperless environment: _____/_____/_____
 - b. Are entire operations operated in a paperless environment? Yes No
 - c. If answer to **b.** is No, when does Applicant anticipate being entirely paperless? _____/_____/_____
 - d. If answer to **31.** is No, does Applicant anticipate going paperless in the next one to three years? Yes No

E. Data Backup Policies

32. Does Applicant have a written policy covering the security of electronic data? Yes No
33. Does Applicant have a written policy covering the backup of electronic data?
- a. If yes, does Applicant archive its data off-site? Yes No
34. Does Applicant have a written policy covering the preservation and production of electronic data if requested during litigation? Yes No

F. Applicant's Use of the Internet

35. Does the Applicant utilize the internet in any of the following ways?
- a. Advertising and marketing insurance products and services. Yes No
 - b. Conducting some of or all of the insurance transaction on the Client's behalf. Yes No
36. Does Applicant have a network security policy in place?
- a. If Yes, is it designed to protect from intrusion and computer viruses? Yes No

G. Office Policies and Procedures (for all locations)

37. Office procedures include:

- a. Incoming Documents are all date stamped Yes No
- b. Copies of Binders/C.O.I. provided to insured prior to policy issuance Yes No
- c. C.O.I. are issued based on policy terms and conditions Yes No
- d. Are copies of binders mailed to the insured and/or the company within specified guidelines? Yes No
- e. Procedures in place to document all pertinent telephone conversations Yes No
- f. Agency maintains a policy expiration list Yes No
- g. Agency uses an exposure analysis and/or coverage checklist/program on all commercial proposals? Yes No
- h. Document all coverage and limit rejections in writing Yes No
- i. Agency conducts coverage reviews on renewals as needed Yes No
- j. All applications, policies and endorsements checked for accuracy Yes No
- k. Are files marked to ensure certificate holders, regulatory agencies are notified of cancellation or material changes? Yes No
- l. Does the Agency have a current Office Procedure Manual Yes No
- m. Does the Agency have a specific orientation program for new employees Yes No

H. Loss Control/Risk Management

- 38. a. Have Applicant's employees attended an E&O Seminar within the last 15 months or will they within 30 days of inception date? Yes No
- b. How many staff attended? # of principals _____ # of employees? _____

I. Current/Previous Coverage

- 39. Policy proposed effective dates _____ to _____
- 40. Current coverage expires/expired on _____ Current Retro Date _____
Attach a copy of the current Declarations Page.
- 41. Limit of liability desired: Each claim: \$ _____ Annual Aggregate: \$ _____
- 42. Deductible: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000 \$50,000 other _____
- 43. Please indicate the Applicant's E&O carrier for the last five years. If none, state none.

	YR - _____	YR - _____	YR - _____	YR - _____	YR - _____
Carrier					
Premium					
Ded/SIR					
Retro date					
Losses					

- 44. In the past five years has Applicant's E&O Coverage been cancelled or nonrenewed? Yes No
If Yes, attach a detailed explanation.
- 45. Has Applicant ever had a lapse in its E&O coverage? Yes No
If Yes, attach a detailed explanation.
- 46. Does the Applicant currently carry General Liability coverage? Yes No

J. Regulatory Activity and Claims Information

47. Has the Applicant or any of its Owners, Principals, Partners, Directors, Officers, or employees, ever been subject to any type of an investigation by a state regulatory agency, administrative agency and/or an insurance department investigation/inquiry, disciplinary investigation/ proceeding. Yes No
If Yes, attach a detailed explanation.

48. Has the Applicant or any of its Owners, Principals, Partners, Directors, Officers or employees, ever had their license revoked, suspended, or been fined/disciplined by any state or regulatory department? Yes No
If Yes, attach a detailed explanation.

49. Is the Applicant or any of its Owners, Principals, Partners, Directors, Officers or employees aware of any act, error, omission or incident which might afford valid grounds for any future claim that would fall within the scope of the proposed insurance? Yes No
If Yes, attach a detailed explanation.

50. Have any claims been made against the Applicant and its employees, Directors or Officers in the last 5 years? Yes No
If Yes, attach a detailed explanation.

51. Does Applicant require staff to report all unusual incidents Yes No

52. Are all incident reports reviewed by Management? Yes No

53. Within the past five years, has Applicant ever paid an uninsured loss out of Applicant funds? Yes No
If Yes, attach a detailed explanation.

Please provide all of the following applicable supporting documentation with your submission:

- A. Current Declarations page of Applicant's E&O coverage if seeking Prior Acts Coverage.**
- B. Hard copies of currently valued loss runs for the past five years.**
- C. Most recent financials**
- D. Business Plan/Resume(s) for key personnel, if Applicant has been in business for less than three years.**

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED ON THE INFORMATION PROVIDED, INCLUDING ANY SUPPLEMENTARY MATERIAL AND INFORMATION OBTAINED BY THE COMPANY IN THE PUBLIC DOMAIN, INCLUDING BUT NOT LIMITED TO THE APPLICANT'S WEBSITE AND THE INTERNET. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Applicant's Name (type or print)	Signature	Date
Title (Owner, Principal, Partner)		

This Application must be signed by an Owner, Principal or Partner of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.