

**A UNIT OF RSG UNDERWRITING MANAGERS**

**Insurance Agents & Brokers Professional Liability Application**

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

Whenever used in this Application, the term **Applicant** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities, including subsidiaries, proposed for insurance, unless otherwise stated.

1. Name of Applicant (include all DBAs): \_\_\_\_\_

Primary Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are there any branch offices?  Yes  No

If yes, how many? \_\_\_\_\_ In what states? \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

2. Ownership:

A. Are **you** owned or controlled by, or affiliated with any other firm?  Yes  No

If yes, please attach details.

B. Have **you** purchased, merged or been consolidated with any other firm in the past 3 years?  Yes  No

If yes, please attach details.

C. Do **you** have subsidiaries?  Yes  No

If yes, list their names, type of operation, and whether or not **you** wish to apply for coverage for them (use a separate sheet if necessary):

Name of Subsidiary	Type of Operation	Applying for Coverage
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Date **your** firm was established: \_\_\_\_\_ (If less than 3 full years, attach a résumé of all principals with prior agency/brokerage management experience.)

4. List the percentage of **your** business derived from **your** activities in each role (total must equal 100%):

Agent/Broker: \_\_\_\_\_%

Reinsurance Broker/Intermediary: \_\_\_\_\_%

\*MGA/MGU/General Agent/Program Administrator: \_\_\_\_\_%

Wholesaler: \_\_\_\_\_%

Other: \_\_\_\_\_% (Specify): \_\_\_\_\_

**\*If you are in whole or in part an MGA, MGU, General Agent and/or Program Administrator, please complete the MGA/GENERAL AGENT/PROGRAM ADMINISTRATOR Supplemental Application.**

5. Staffing:

A. Indicate **your** total agency headcount (including self): \_\_\_\_\_

B. Of these, indicate how many are:

- a. Licensed Agent or Broker FT: \_\_\_\_\_ PT: \_\_\_\_\_
- b. 1099 Agent/Independent Contractor FT: \_\_\_\_\_ PT: \_\_\_\_\_
- c. Other Management Professional FT: \_\_\_\_\_ PT: \_\_\_\_\_
- d. Administrative/Other: FT: \_\_\_\_\_ PT: \_\_\_\_\_

C. List the names of all partners, principals and key employees below (please include yourself):

Name	Yrs in Insurance	Yrs Licensed	Yrs with Applicant	Professional Designations

D. During the past 5 years, have there been any changes in management structure, including any additions or deletions of any principals, owners or managers?  Yes  No

If yes, provide details: \_\_\_\_\_

E. Are **you** a member of any cluster arrangements?  Yes  No

If yes, provide details: \_\_\_\_\_

F. What percentage of **your** licensed staff hold designations? (CPCU, RPLU, etc.): \_\_\_\_\_%

6. Revenues:

A. Indicate **your** premium volume and gross insurance commissions and fees (before split with others) for the past 2 years and an estimate for the current year:

Year	P&C Premium	Life/A&H Premium	Gross P&C Commissions/Fees	Gross Life/A&H Commissions/Fees

B. Do **you** anticipate any significant changes in the nature of **your** operation, or changes of 25% or more in the size of **your** operations, over the next 24 months?  Yes  No

If yes, please attach details.

C. Do **you** anticipate writing any new lines of coverage in the next 12 months?  Yes  No

If yes, provide details: \_\_\_\_\_

7. Indicate and describe **your** non-insurance business revenues for the past 2 years:

Year	Non-Insurance Revenue	Sources

8. List **your** top five (5) A.M. Best rated insurers who have a rating of B+ or better:

Insurer	Annual Premium Volume	Years Represented	Do <b>you</b> have Underwriting Authority?	Line of Business	A.M. Best Rating
			<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		

9. List **all** markets where **you** have placed business in the past 2 years that are rated below B+ by A.M. Best, non-rated, or self insured plans. Use additional sheets if necessary:

Insurer	Annual Premium Volume	Years Represented	Do <b>you</b> have Underwriting Authority?	Line of Business	A.M. Best Rating (if applicable)
			<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		

10. List **your** three (3) largest commercial clients together with the services provided and revenues derived from each:

Client	Services <b>You</b> Provide	<b>Your</b> Revenue

11. Indicate the percentage of **your** total premium volume (**Total of all lines of business must equal 100%. Please note the lines of business are continued on page 4.:**)

**Personal Lines:**

Homeowners:	_____ %	Standard Auto:	_____ %
Marine:	_____ %	Umbrella:	_____ %
Non-Standard Auto:	_____ %	Other (Specify): _____	_____ %

**Commercial Lines:**

Auto (except Long Haul Trucking):	_____ %	Long Haul Trucking:	_____ %
Aviation:	_____ %	Medical Malpractice:	_____ %
Commercial Package (BOP/SMP):	_____ %	Ocean Marine:	_____ %
Commercial Property:	_____ %	Professional Liability/D&O:	_____ %
Crop:	_____ %	Surety:	_____ %
Fidelity:	_____ %	WC (Non-retro):	_____ %
GL/Products:	_____ %	WC (Retro):	_____ %
Inland Marine:	_____ %	Other (Specify): _____	_____ %

**Group Life/Accident & Health:**

Dental:	_____ %	LTD:	_____ %
Fully Insured Health:	_____ %	METS/MEWAS:	_____ %
Self-Insured Health:	_____ %	STD:	_____ %
Life:	_____ %	Stop Loss:	_____ %
		Other (Specify): _____	_____ %

**Individual Life/Accident & Health:**

Accident/AD&D: _____%	Premium Financed Life: _____%
COLI/BOLI: _____%	STD: _____%
Credit Life: _____%	Split Dollar: _____%
Fixed Annuities: _____%	Term Life: _____%
Health: _____%	Universal Life: _____%
LTC: _____%	Whole Life: _____%
LTD: _____%	Other (Specify): _____%

12. Have you placed crop or aviation insurance at any point in the last 5 years?  Yes  No

13. Percentage of business placed on a surplus lines basis: \_\_\_\_\_%

14. Provide a breakdown of client industries served for Commercial Property & Casualty placement only.  N/A

Construction: _____%	Medical/Hospital: _____%
Government: _____%	Technology: _____%
Hospitality: _____%	Transportation: _____%
Insurance: _____%	Warehouse: _____%
Legal: _____%	All Other: _____%
Manufacturing: _____%	(Breakdown of Other): _____

15. Broker/Dealer Exposure:

A. Indicate your commissions derived from each of the following:  N/A

401K Plans: \_\_\_\_\_ Stocks and Bonds: \_\_\_\_\_

Mutual Funds: \_\_\_\_\_ Variable Annuities: \_\_\_\_\_

Pension Plans: \_\_\_\_\_ Variable Life: \_\_\_\_\_

B. Do you have coverage through the broker/dealer?  Yes  No

C. Have there been any U-4 or U-5 violations?  Yes  No

If yes, please attach details.

D. Do all agents placing the products in 15A have at least 3 years experience?  Yes  No

16. Indicate if you provide the following services

A. Claims Adjusting  Yes  No

If yes, do **you** have the authority to deny claims?  Yes  No

B. Claims Draft Authority  Yes  No

If yes, indicate maximum amount: \_\_\_\_\_

C. Inspections, Safety Engineering, Loss Control or Risk Management  Yes  No

If yes, describe: \_\_\_\_\_

D. TPA Services  Yes  No

E. Reinsurance Placement  Yes  No

F. Actuarial Service  Yes  No

G. Underwriting  Yes  No

If yes, please complete the MGA Supplemental Application.

17. Do **you**:

A. Have written standard operating procedures?  Yes  No

B. Date stamp all incoming mail?  Yes  No

C. Document client's refusal to accept coverage or limit recommendations?  Yes  No

D. Have an approved list of carriers?  Yes  No

E. Confirm verbal binders in writing?  Yes  No

F. Appoint sub-agents?  Yes  No

G. Have written procedures for handling COIs?  Yes  No

H. Refer requests for non-standard language on COIs to the insurer?  Yes  No

I. Monitor carrier ratings and notify clients immediately if downgraded?  Yes  No

18. Computer Systems:

- A. Do **you** conduct background checks on employees who have access to sensitive data and systems?  Yes  No
- B. Do **you** restrict user rights on computer systems so that individuals and third-party service providers only have access to those areas of the network or information that is necessary for them to perform their duties?  Yes  No
- C. Are **you** only using software applications and operating systems:
  - a. That are currently supported by their providers?  Yes  No
  - b. That have automatic updates turned on?  Yes  No
- D. Do **you** have secure email practices such as automatically scanning and filtering emails?  Yes  No
- E. Do **you** delete/destroy data stored on devices and media that are scheduled to be recycled, sold or disposed?  Yes  No
- F. Do **you** conduct computer and information security training for every employee who has access to computer systems or sensitive data at least annually?  
If yes, are they required to acknowledge their security responsibilities?  Yes  No
- G. Have **you** installed or activated anti-virus software active on all computers and networks?  Yes  No
- H. Do **you** have a written information security plan (WISP)?  Yes  No
- I. Do **you** make backups of critical data and systems?  Yes  No

19. In the past 5 years, have **you**:

- A. Discontinued any program or classes of business you are not currently involved with that accounted for more than 10% of **your** volume?  Yes  No
  - B. Placed coverage with or referred clients to any Self Insured/Captive; Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA)?  Yes  No
  - C. Been involved in the establishment or management of any Risk Retention Group (RRG); Risk Purchasing Group (RPG); Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA); Insurance Company (including, but not limited to, any Captive) or any similar organization?  Yes  No
  - D. Been involved in any structured settlement, viatical settlement, or the placement of any vanishing premium life insurance policy?  Yes  No
  - E. Been involved with the establishment or management of any fronted program?  Yes  No
- If yes to any of the above, please attach an explanation including the name of the program(s), carrier(s), extent of coverage(s) provided, and administrative duties performed.

20. Cancellation:

- A. Have **you** had any agency contracts canceled by any insurance carrier for reasons other than lack of production?  Yes  No  
If yes, please attach details.
- B. Has **your** Professional Liability insurance ever been declined or canceled?  Yes  No  
If yes, please attach details.

21. Do **you** currently have Professional Liability insurance in force?  Yes  No

If yes, provide the following for your five most recent policies:

Expiration Date	Insurer	Limits of Liability	Deductible	Premium

Retroactive date or length of time that coverage has been continuously in force: \_\_\_\_\_

22. Are **you** appointed with Hanover Insurance or any other Hanover affiliated company?  Yes  No

23. Limits of Liability Desired:

A. \$ \_\_\_\_\_ each wrongful act or series of continuous, repeated or interrelated wrongful acts

B. \$ \_\_\_\_\_ aggregate

**You** may apply for defense costs to be in addition to or included within the above limits.

Indicate **your** preference: Defense costs to be in addition to the above limits?

Yes  No

C. Deductible Desired  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000

Other \_\_\_\_\_

**You** may apply to have the deductible applied to damages only or to both damages and defense costs.

Indicate **your** preference: Deductible to apply to damages only?

Yes  No

24. During the past 5 years, has any Professional Liability claim or suit ever been made against the

**Applicant**, any predecessor firm or any of the Applicant's current or former professional staff?

Yes  No

If yes, indicate how many: \_\_\_\_\_

Please submit five (5) year loss runs and complete a Supplemental Claim Form for each claim.

25. Does any of the **Applicant's** professional staff know of any incident, negligent act, error or omission, or other circumstances that could result in a claim or suit against the **Applicant** or any predecessor firm or any of the **Applicant's** current or former professional staff?

Yes  No

If yes, indicate how many: \_\_\_\_\_ and complete a separate Supplemental Claim Form for each potential claim.

26. Has any of the **Applicant's** or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action?

Yes  No

If yes, please provide complete details on a separate sheet

All written statements and materials furnished in conjunction with this application are hereby incorporated into this application and made a part hereof.

PLEASE NOTE THE FOLLOWING: The undersigned, acting on behalf of the **Applicants**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Applicant** to purchase insurance.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Signature of Owner, Officer or Partner: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

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