



**INSURANCE AGENTS AND BROKERS  
 RENEWAL APPLICATION  
 ERRORS & OMISSIONS INSURANCE APPLICATION  
 (Claims-Made and Reported Policy Form)**

**I. GENERAL INFORMATION**

1. Complete Name of Applicant: \_\_\_\_\_  
 Principal Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website Address(es): \_\_\_\_\_ Insured E-Mail Address: \_\_\_\_\_

2. a. During the last year (prior twelve month period), has the applicant created additional names or opened additional locations?  Yes  No
- b. During the last year (prior twelve month period), has the name of the applicant been changed or has any other business(es) been acquired, merged into, associated or consolidated with the applicant?  Yes  No
- c. Has the agency participated in a cluster/alliance arrangement within the last year (prior twelve month period)?  Yes  No
- d. Within the last year has the agency or any agent hold a position or have vested interest in any Broker/Dealer organization or insurance company?  Yes  No
- If yes to any of questions#2(a-d) above, please attach an explanation***

**II. PERSONNEL/LICENSURE**

1. a. During the last year (prior twelve month period), has the applicant hired any additional staff?  Yes  No
- b. If yes, please provide the number of new employed agents/producers? \_\_\_\_\_
2. Do you desire coverage for Non-Exclusive Non-Employee agents/producers?  Yes  No  
*If yes, please provide a list of agents:*  
 \_\_\_\_\_

**III. PREMIUM VOLUME/COMMISSION (PRIOR 12 MONTH PERIOD)**

1.	Gross Written Premium Volume	Gross Commission or Fees
a. Total P&C Products:		
b. Total Life Products:		
c. Total Accident & Health Products:		
d. Other Revenue (including fees):		
<b>Total:</b>		

Provide a description of *Other Revenue* indicated in #1d. above: \_\_\_\_\_

**IV. INSURANCE PLACEMENTS (PRIOR 12 MONTH PERIOD)**

1. Please indicate the percentage (%) of P&C business placed:

As Agent \_\_\_\_\_ % (Retail business placed directly with insurance companies)  
 Through Broker/MGA (not Surplus Lines): \_\_\_\_\_ % (Admitted business placed through an intermediary)  
 Through Broker/MGA (Surplus Lines): \_\_\_\_\_ % (Surplus Lines business placed through an intermediary)  
 As Wholesaler/Broker (not Surplus Lines): \_\_\_\_\_ % (Accepting business from other agents/brokers for placement)  
 As Surplus Lines Broker \_\_\_\_\_ % (Accepting Surplus Lines business from other agents/brokers for placement)  
 As MGA/MGU/Program Administrator: \_\_\_\_\_ % (Accepting program business direct from other agent/brokers for placement)  
 Other: \_\_\_\_\_ % Describe: \_\_\_\_\_  
**Total (Must equal 100%): \_\_\_\_\_ %**

**V. PRODUCT MIX (PRIOR 12 MONTH PERIOD)**

1. Please indicate the type and percentage of insurance placed. P&C Commercial Lines and P&C Personal Lines must equal 100%. Separately Life Insurance/Financial Products and A&H must equal 100%.

<b>P&amp;C Commercial Lines</b> (% based on premium volume)	<b>Current Year (%)</b>	<b>Prior Year (%)</b>
Aviation (Commercial)		
Aviation (Private)		
Bonds (other than Surety)		
BOP/CGL/Package		
Commercial Auto-Standard		
Commercial Auto-Nonstandard		
Commercial Multiperil		
Commercial Property-Standard		
Crop		
Directors & Officers		
Energy		
Entertainment		
Flood/Wind/Earthquake		
Inland Marine		
Livestock Mortality		
Long Haul Trucking		
Medical Malpractice		
Pollution/Environmental		
Professional Liability (non-medical)		
Surety Bonds		
Umbrella/Excess		
Marine-Ocean		
Workers Compensation		
Other: _____		
<b>P&amp;C Personal Lines</b> (% based on premium volume)	<b>Current Year (%)</b>	<b>Prior Year (%)</b>
Auto-Standard		
Auto-Assigned Risk/Nonstandard		
Property/Homeowners-Standard		
Property/Homeowners-Assigned Risk/Nonstandard		
Farmowners		
Flood/Wind/Earthquake		
Umbrella		
Watercraft		
Other: _____		
<b>Total:</b>		

<b>Life Insurance/Financial Products and A&amp;H</b> (% based on commissions)	<b>Current Year (%)</b>	<b>Prior Year (%)</b>
Annuities – Fixed		
Annuities – Variable		
Individual Life – Variable*		
Individual Life – Fixed*		
Life - Group		
Mutual Funds		
Financial Products		
Health Group (Carrier insured)		
HMO/PPO/DSP		
Health - Individual		
Other: _____		
<b>Life and A&amp;H Total:</b>		

**LA&H must =100%**

**P&C Commercial + P&C Personal must = 100%**

2. During the last year (prior twelve month period), please list the top three agency-contracted P&C insurers by annual premium:

Name of Insurance Carrier	Years Represented	Annual Premium (\$)	AM Best Rating

*If the above list of carriers does not represent >80% of P&C premium volume, please attach a list of all P&C carriers.*

3. During the last year (prior twelve month period), please list the top three agency-contracted Life and A&H insurers by annual commissions:

Name of Insurance Carrier	Years Represented	Annual Commissions (\$)	AM Best Rating

*If the above list of carriers does not represent >80% of Life A&H commission revenue, please attach a list of all Life A&H carriers.*

4. Have any of the agency's contracts with insurance carriers been terminated in the last year (prior twelve month period) for reasons other than low production? *If yes, please provide details including carrier, date of termination and reason for termination.*  Yes  No
5. Does the agency have written procedures to follow that require the agency to obtain and retain, prior to placement, the insured's written acknowledgement of a carrier's financial status for any placement with a carrier rated below B+ (V) by A.M. Best? *If no, please provide complete details explaining procedures utilized and controls to document.*  Yes  No

\_\_\_\_\_

**VI. OTHER PROFESSIONAL SERVICES**

1. During the last year (prior twelve month period) has the agency provided any services other than the placement of insurance products for a commission? *If yes, please complete Other Services Supplement.*  Yes  No
2. During the last year (prior twelve month period) has any agent within the agency provided services as Investment Advisor or Financial Planning Consultant (other than the sale of mutual funds and/or fixed or variable life and annuities products)?  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
3. During the last year (prior twelve month period) has any agent within the agency had discretionary control over clients' funds or performed any money management services?  Yes  No  
*If yes, please provide details:* \_\_\_\_\_

4. During the last year (prior twelve month period) has the agency placed or otherwise been involved with:

	Yes	No	Annual Premium (\$)	Program Name or Company Name
Captive Management	<input type="checkbox"/>	<input type="checkbox"/>		
Reinsurance	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Insured Captives	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Retention Groups (RRGs) / Risk Purchasing Groups (RPGs)	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Trusts	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Welfare Arrangements	<input type="checkbox"/>	<input type="checkbox"/>		
Off Shore or Alien Companies	<input type="checkbox"/>	<input type="checkbox"/>		

**VII. RISK MANAGEMENT CONTROLS/ OFFICE PROCEDURES**

1. Within the last year (prior twelve month period) have there been any changes to the Agency's risk management controls or office procedures?  Yes  No

*If yes, please provide details:*

\_\_\_\_\_

**VIII. CLAIMS ACTIVITY AND DISCIPLINARY PROCEDURES**

**IMPORTANT NOTICE:** Failure to disclose such claim, act, error or omission or circumstance may result in the proposed insurance being void and/or subject to rescission.

1. After inquiry of all agency personnel, is there any known circumstance, situation, act, error or omission which could reasonably be expected to result in an errors and omissions claim being made against the agency, its predecessor in business or any past or present producer of the firm?  Yes  No
2. After inquiry of all agency personnel, have any errors and omissions claims or suits been made against the agency, its predecessor in business or any past or present producer of the firm, within the last year (prior twelve month period)?  Yes  No
3. After inquiry of all agency personnel, has any past or present agency personnel been the subject of a complaint, investigation, disciplinary action, revocation or suspension of a license by an insurance or other professional regulatory authority or agreed to surrender any license within the last year (prior twelve month period)?  Yes  No
4. After inquiry of all agency personnel, has any present licensed personnel been convicted of a felony criminal activity within the last year (prior twelve month period)?  Yes  No

**IF YES TO QUESTIONS 1-4 ABOVE, A CLAIM/DISCIPLINARY SUPPLEMENT IS REQUIRED FOR EACH INCIDENT AND CARRIER PROVIDED LOSS RUN REPORTS ARE ALSO REQUIRED FOR ALL MATTERS NOT PREVIOUSLY REPORTED OR DISCLOSED**

By signing this Application, the applicant represents and agrees to each of the following five (5) items:

1. The applicant agency has made a comprehensive internal inquiry or investigation to determine whether anyone in your agency is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VIII. of this application; and
2. Each of the statements and answers given in this Application, and in each of the applicable Supplemental Applications above, are:
  - a. Accurate, true and complete to the best of your knowledge and no material facts have been suppressed or misstated;
  - b. Representations you are making on behalf of all persons and entities proposed to be insured;
  - c. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
3. This Application, along with each of the Supplemental Applications above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
4. The applicant agrees to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.
5. The applicant acknowledges that this information will be used by All Risks for underwriting purposes and/or to provide wholesale insurance services.

**COLORADO FRAUD WARNING:** 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.

**DISTRICT OF COLUMBIA (DC) FRAUD WARNING:** 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.

**FLORIDA FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**MAINE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits

**MARYLAND FRAUD WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NEW JERSEY FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO FRAUD WARNING:** 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 PENNSYLVANIA APPLICANTS-FRAUD WARNING:** Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

**VIRGINIA FRAUD WARNING:** 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.

**VERMONT FRAUD WARNING:** 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.”

**FRAUD WARNING (all other states):** Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**Notice to California Applicants:**

**NOTICE:**

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-HELP (4357).
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

**Notice to Rhode Island Applicants:**

THIS INSURANCE CONTRACT THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**Notice to South Carolina Applicants:**

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

**Completion of the application or tendering of premium does not bind coverage.**

**An authorized representative who is an active owner, officer, or partner of your firm must sign this application within 120 days of the expiration date if you are applying for renewal of an existing policy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

(Please print)