



APPLICANT INFORMATION

Applicant Name

Location Address

Mailing Address

Website

Entity Type

DBA Names

- 1.
- 2.
- 3.
- 4.
- 5.

Additional Named Insured Names

- | | |
|----|-------------------|
| 1. | Retroactive Date: |
| 2. | Retroactive Date: |
| 3. | Retroactive Date: |
| 4. | Retroactive Date: |
| 5. | Retroactive Date: |

Additional Insured Names

- 1.
- 2.
- 3.
- 4.
- 5.

Insurance Agents

Professional Liability Short Form Application

APPLICANT'S DETAILS

Year Business Established:

How many owners, officers, partners, and employees and independent contractors performing professional services?

Current Professional Liability Insurer:

Limits of insurance under current policy:

Revenues / Premium Volume:

Last 12 Months

Estimated Next 12 Months

Revenues (including fees)

Gross Written Premium

Do you provide, have you provided, or do you intend to provide any services other than those as an Insurance Agent/Broker (including but not limited to Financial Planning, Real Estate, Third Party Administration, Claims Adjusting, Investment/Securities Advising, Actuarial, Legal, Tax Advising, Risk Management/Loss Control, Title/Escrow/Abstract, Vehicle Registration, Immigration Integration)?

Yes No

Do you place any of the following lines of insurance:

Life, Accident & Health

Yes No

Property & Casualty

Yes No

Mutual Funds, Pensions, 401K Plans, Stocks/Bonds

Yes No

What percentage of the Life, Accident & Health written business is from the following:

Credit Life

_____ %

Fully Insured Health

_____ %

Life / Term Life

_____ %

Self-Insured Health / Stop Loss

_____ %

Universal / Whole Life

_____ %

Viaticals / Life Settlement

_____ %

Variable Life

_____ %

METS/MEWAS

_____ %

Accident-AD&D

_____ %

Fixed Annuities / Indexed Annuities

_____ %

Dental

_____ %

Variable Annuities

_____ %

Long Term Care

_____ %

Other

_____ %

Total Life, Accident & Health

%

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What percentage of the Property & Casualty written business is from the following:

Personal Lines Auto/Motorcycle	_____ %	Workers Comp	_____ %
Personal Lines Homeowners/Mobile Homes/ RVS/Dwelling	_____ %	Commercial Inland Marine	_____ %
Personal Lines Wind/Flood/Earthquake	_____ %	Aviation	_____ %
Personal Lines Umbrella	_____ %	Bonds / Surety	_____ %
Personal Lines Non-Standard	_____ %	Crop	_____ %
Personal Lines Watercraft	_____ %	Livestock/Equine	_____ %
Personal Lines Inland Marine	_____ %	Commercial Flood/Hail/Wind	_____ %
Boiler & Machinery	_____ %	Wet/Ocean Marine	_____ %
Commercial CMP/Package/BOP/CGL	_____ %	Professional Liability/Med Mal/D&O/EPLI	_____ %
Commercial Umbrella	_____ %	Products Liability	_____ %
Commercial Auto (Excluding Trucking Related Placements)	_____ %	Other	_____ %
Commercial Trucking	_____ %	Total Property & Casualty	_____ %

Claims Information

Have you had any claims reported or closed in the past 5 years or do you have any open claims? Yes No

Have you ever had a claim in excess of \$100,000? Yes No

Eligibility Questions

	Yes	No
Do you own or manage any risk assumption entities, including but not limited to, insurers, captives, risk retention groups, benefit plans or reinsurers; or own, manage or control any insurance clusters?	<input type="radio"/>	<input type="radio"/>
Do you have any non-exclusive independent contractors?	<input type="radio"/>	<input type="radio"/>
Do you require them to carry their own professional liability coverage?	<input type="radio"/>	<input type="radio"/>
Have you placed business, now or in the past, or do you plan in the future to place business as any of the following: Wholesaler, Managing General Agent/Underwriter, Reinsurance Intermediary, Surplus Lines Broker, or Program Administrator?	<input type="radio"/>	<input type="radio"/>
Have you ever placed coverage or been involved in insurance related services for any of the following: <i>Aviation, Trucking, Wet/Ocean Marine, Group Self-Insured, Multiple Employer Welfare Arrangement, Group Stop Loss, Viaticals/Life Settlement, or Multiple Employer Trust?</i>	<input type="radio"/>	<input type="radio"/>
Do you ever place business with carriers that have an A.M Best Rating below B+, that have a Demotech Rating below A, or that are currently not rated?	<input type="radio"/>	<input type="radio"/>
Have you had any agency contracts cancelled by an insurance carrier or underwriting company for reasons other than lack of productions?	<input type="radio"/>	<input type="radio"/>
Do you have offices in more than one state?	<input type="radio"/>	<input type="radio"/>

Insurance Agents

Professional Liability Short Form Application

During the past 5 years has your name been changed, or has any business/firm been acquired, merged into, consolidated or sold off by/from the original firm?

Is your firm controlled, owned (in whole or in part), affiliated with, or associated with any other firm, corporation, company or entity, including but not limited to a Bank, Savings and Loan, or Credit Union?

Have you, any owners, officers, directors, partners, employees, volunteers, or independent contractors:

- a) *Ever been subject to an investigation or inquiry by a state regulatory agency, an administrative agency and/or an insurance department, or disciplinary investigation or proceeding in any way, whether related to this coverage or not?*
- b) *Ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses?*
- c) *Ever had a license revoked, suspended, or been fined by a state regulatory department or agency, whether related to this coverage or not?*

Has any policy or application for professional liability insurance on your firm's behalf, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors ever been declined, cancelled or renewal refused within the last five years, except for carrier exit from the market?

Have you ever had a policy cancelled or non-renewed by Admiral Insurance Group, including for non-payment of premium?

After inquiry, are you, any predecessors in business, or any other person or firm for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them, or has any claim or suit related to professional services been made against you that has not been reported to a prior carrier?

In the past 5 years, have you ever had a gap in professional liability coverage?

In the past five years have you, a related entity, subsidiary, or predecessor entity filed for bankruptcy or have plans to file bankruptcy?

Insurance Agents

Professional Liability Short Form Application

COVERAGE DETAILS

Policy Limit

Deductible

Do you have an existing and in-force Insurance Agent's Professional Liability Policy and require Prior Acts Coverage?

- No Existing In-Force Policy
- Existing / In-Force Policy with a Retroactive Date

By selecting this option, you warrant that you have an expiring and in-force Insurance Agents Professional Liability policy with the same retroactive date selected below.

Expiration Date: _____ Retroactive Date: _____

- Existing / In-Force Policy with Full Prior Acts

By selecting this option, you warrant that you have an expiring and in-force Insurance Agents Professional Liability policy that provides for Full Prior Acts coverage.

Expiration Date: _____

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Signature of the Applicant (Principal, Partner, or Officer):

	
	Date

Print Name	Title
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