

NIC Commercial Insurance Services

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INSURANCE AGENTS AND BROKERS E & O APPLICATION

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE" BASIS WHICH APPLIES ONLY TO CLAIMS WHICH BOTH FIRST ARISE AND ARE REPORTED WHILE THE POLICY IS IN FORCE.

1. Name: _____
 (exactly as shown on license - attach copy of license)

- Individual
 Partnership
 Corporation

D/B/A (if applicable): _____

2. P.O Box: _____

Phone No.: _____

Street Address: _____

Fax No.: _____

City, State, Zip: _____

Email: _____

List additional locations on separate sheet, if necessary

Requested Effective Date: _____

3. List the following information and identify all owners, partners, officers, directors, and licensees:
 (attach separate sheet, if necessary)

NAME	RESIDENCE ADDRESS	DATE OF BIRTH	TITLE	SOCIAL SECURITY #	YEARS INS. EXPERIENCE

4. Limit of Liability desired: \$ _____ each claim/aggregate Deductible: \$ _____ each claim.

5. License Number(s): _____ Date First Licensed: _____ Date First Established: _____

6. State Applicant's Annual Premium Volume, Gross Commission and Policy / Broker Fee Income:

	Premiums	Commissions	Policy / Broker Fees
Last 12 months:	_____	_____	_____
Est. next 12 months:	_____	_____	_____

7. State the approximate breakdown of total annual volume for each column

7a. Transacting as:		7b. Lines of Business:	
Agent	_____ %	Commercial Fire & Inland Marine	_____ %
Broker	_____ %	Commercial General / Excess Liab. ...	_____ %
Surplus Lines Broker	_____ %	Commercial Auto / Garage / Dealers ...	_____ %
Managing General Agent	_____ %	Professional Liability	_____ %
Underwriting Manager	_____ %	Workers Comp	_____ %
Program Manager	_____ %	Ocean Marine	_____ %
Free Consultant	_____ %	Aviation	_____ %
Life - Health Agent / Broker	_____ %	Surety	_____ %
Adjuster	_____ %	Homeowners / Dwelling Fire	_____ %
Appraiser	_____ %	Personal Auto	_____ %
Financial Planner	_____ %	Personal Floaters	_____ %
Reinsurance Broker	_____ %	Life / Accident / Health / Group	_____ %
Other (Explain)	_____ %	Other (Explain)	_____ %
MUST TOTAL	100%	MUST TOTAL	100%

7c. Business written directly for your own insureds % Business accepted from other agents and brokers %

Percentage of business which is direct billed by carriers

Auto % Homeowners % Commercial % Other %

8a. Name all companies the applicant represents under direct Agent or Broker Agreements:

COMPANY	ADDRESS	DATE APPOINTED	LINES OF BUSINESS	VOLUME

8b. List General Agents, MGA's and Surplus Line Brokers with whom you place business:

NAME	LINES OF BUSINESS	COMPANIES USED	VOLUME

8c. State percentage of business written through:

Assigned Risk or State Fund Pools: % Risk Purchasing Groups %

Risk Retention Groups: % Alien Non-Admitted Carriers %

9. Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?

Yes No If yes, explain: _____

10. Name all companies for which the applicant acts as G.A., Managing General Agent or Underwriting

Manager: _____

11. Specify the maximum limit(s) the applicant is authorized to bind:

	AMOUNT		AMOUNT
Fire	\$ _____	Auto Physical Damage	\$ _____
General Liability	\$ _____	Homeowners	\$ _____
Auto Liability	\$ _____	Excess Liability	\$ _____

12a. Does agency specialize in writing any class of risk (Examples: Auto Dealers, Contractors, Truckers, etc.)?

Yes No If yes, what class: _____

12b. How long writing this class _____ years?

12c. Percentage of Agency's Volume _____ %.

12d. What Markets used: _____

13a. NUMBER OF STAFF:

FULL TIME

PART TIME

Principals _____

Agents / Brokers / Solicitor (Not listed as principals) _____

Service / Raters _____

Accounting / Bookkeeping _____

Clerical / Filing _____

Independent Contractors (Not salaried Employees) _____

Do you want coverage for them? Yes No

Other (Explain) _____

TOTAL _____

13b. Do persons responsible for the transaction of insurance speak and write English? Yes No

What other languages are spoken in your office or with your clients? _____

14a. Does the agency utilize any form of computer or automation system? Yes No

14b. What type: In House Batch Manual Other - Explain: _____

14c. Name the Automation Vendor: _____

14d. Name of Software System and Program: _____

14e. Version _____

Date of Installation: _____

14f. Hardware Batch Multi-User Number of Stations: _____

PLEASE INDICATE FUNCTIONS PERFORMED:

Accounting

Claims

Renewal Lists

Rating

MVR's

Applications

Policy Information

Policy Issuance

Financing

Word Processing

Other (Explain) _____

15. List all State approved or Professional Association sponsored insurance continuing education courses or seminars attended by agency Principal and Licensees during the past 12 Months: _____

16a. List all Professional Liability, "E & O" or Legal Expense insurance carried during the past five years. If none, state "NONE".

INSURANCE CO.	LIMITS OF LIABILITY	DEDUCTIBLE (IF ANY)	PREMIUM	INCEPTION Month / Day / Year	EXPIRATION Month / Day / Year	CLAIMS	
						YES	NO
						<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"/>

16b. Retroactive Date of current policy: _____

17. Is the principal / principals active in the business? Yes No

18. Does the agency maintain a binder log? Yes No

19. Does the agency use "Power of Attorney" to represent the insured? Yes No

20. Is all incoming mail date stamped? Yes No

21. Does the applicant maintain evidence of coverage rejection by clients? Yes No
22. Have any claims or suits been made during the past five years against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees?
 Yes No
(If yes, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments and open reserves.)
23. Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? Yes No
(If yes, attach explanation.)
24. Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or canceled, or renewal of such insurance been refused? Yes No *(If yes, explain.)*
25. Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any State licensing agency or regulatory body? Yes No
26. Indicate all Insurance Professional Associations of which you are a member: IIAA PIA
 American Agents Alliance WAIB AAMGA NAPSLO Other _____
27. The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insured's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.
28. The applicant accepts notice that any policy issued will: (1) Only apply on a "claims made" basis and that the deductible will apply to loss payment and (whether or not loss payment is made) to claims expense, as those terms are defined in the Policy; (2) Not insure against damages resulting from any claim or claim expense, as that term is defined in the policy, alleged to have occurred prior to the Inception Date of the policy unless the Underwriter shall agree to insure damages resulting from claim or claim expense alleged to have occurred prior to the Inception Date but after an agreed upon Retroactive Date, and;

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing of this Application does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

The applicant hereby authorizes the Underwriters, and/or their representatives by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any source including consumer credit information, which the Underwriters deem important in the underwriting of the insurance applied for by this application.

Name of Applicant _____ Dated: _____

Signature of Owner, Partner or President

Title