PROFESSIONAL / SPECIALTY INSURANCE APPLICATION

(FOR USE IN MANAGEMENT, EXECUTIVE & PROFESSIONAL LINES - APPLICANT SECTION)

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	UNDERWRITER	UNDERWRITER OFFICE
	POLICIES OR PROGRAM REQUESTED	
AGENCY'S STATE LICENSE #: (Required in Nebraska)		
CONTACT NAME:	POLICY NUMBER	
PHONE (A/C, No, Ext): / FAX (A/C, No):		
E-MAIL ADDRESS:		
CODE: / SUBCODE:		
AGENCY CUSTOMER ID:		

INDICATE SECTIONS ATTACHED				BUSINESS TYPE
☐ PROFESSIONAL LIABILITY				
☐ CRIME	☐ ACCOUNTANTS PROFESSIONAL	☐ CYBER AND PRIVACY COVERAGE		☐ PUBLIC
☐ D&O (Directors & Officers)	☐ ARCHITECTS PROFESSIONAL	☐ TECHNOLOGY		☐ PRIVATE
☐ E&O (Errors & Omissions)	☐ INSURANCE AGENTS	☐ WORKPLACE VIOLENCE		☐ NOT FOR PROFIT
☐ EPLI (Employment Practices Liability)	☐ LAWYERS PROFESSIONAL	☐		☐ HEALTH CARE
☐ FIDUCIARY	☐ MEDIA PROFESSIONAL	☐ MISC PROFESSIONAL LIABILITY:		☐ FINANCIAL INSTITUTION
☐ KIDNAP / RANSOM	☐ MEDICAL MALPRACTICE			

STATUS OF TRANSACTION

☐ QUOTE ☐ ISSUE POLICY ☐ RENEWAL ☐ NEW

☐ BOUND (Give Date and/or Attach Copy):

DATE | TIME | ☐ AM ☐ PM

POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
		☐ DIRECT BILL ☐ AGENCY BILL	

APPLICANT / FIRM INFORMATION (As Applicable)

NAME (First Named Insured and Other Named Insureds)	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
FEIN # (of First Named Insured):	APPLICANT'S TITLE:
SOC SEC # (if no FEIN) (of First Named Insured):	NAICS CODE: / SIC CODE:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	CR BUREAU NAME:
	ID NUMBER:
FAX (A/C, No):	PRIMARY E-MAIL ADDRESS:
WEBSITE ADDRESS(ES):	SECONDARY E-MAIL ADDRESS:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ JOINT VENTURE ☐ SUBCHAPTER "S" CORPORATION ☐ PC ☐ LLC ☐ GP / LLP NO. OF MEMBERS AND MANAGERS: ☐ OTHER:

OPERATIONS ☐ U.S. ☐ NON U.S. | STATE OF INCORP | DATE BUSINESS STARTED

TOTAL EMPLOYEES	TOTAL PAYROLL	TOTAL REVENUES	TOTAL ASSETS	TOTAL LIABILITIES
FULL TIME: PART TIME:	$	$	$	$

CONTACT INFORMATION (Attach additional sheets if more space is required)

PRIMARY CONTACT	CONTACT TYPE:
NAME:	NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

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AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	

PARENT COMPANY	RELATIONSHIP	% OWNERSHIP BY PARENT

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		
NAME OF SUBSIDIARY	**RELATIONSHIP**	**% OWNERSHIP BY APPLICANT**

2. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
3. HAS ANY POLICY OR COVERAGE BEING APPLIED FOR BEEN DECLINED, CANCELLED OR NON-RENEWED? (Missouri Applicants - Do not answer this question)	
4. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	
5. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	
6. ARE THERE ANY PREDECESSOR FIRMS?	

REMARKS

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION (List Current Primary Policy First)

LINE	CATEGORY									
D&O LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE
	EFF-EXP DATE									
	RETRO DATE									
	CONTINUITY DATE									
	LIMIT PER CLAIM									
	RETENTION									
	DEDUCTIBLE									
	ADDITIONAL LAYERS	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
	TOTAL PREMIUM									
EPLI	CARRIER			PROFESSIONAL LIABILITY: CARRIER						
	POLICY NUMBER			POLICY NUMBER						
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE
	EFF-EXP DATE			EFF-EXP DATE						
	RETRO DATE			RETRO DATE						
	CONTINUITY DATE			CONTINUITY DATE						
	LIMIT PER CLAIM OCCURRENCE			LIMIT PER CLAIM OCC						
	LIMIT PER CLAIM AGGREGATE			LIMIT PER CLAIM AGGREGATE						
	RETENTION			RETENTION						
	DEDUCTIBLE			DEDUCTIBLE						
	TOTAL PREMIUM			TOTAL PREMIUM						
CRIME	CARRIER			FIDUCIARY: CARRIER						
	POLICY NUMBER			POLICY NUMBER						
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE
	EFF-EXP DATE			EFF-EXP DATE						
	LIMIT			LIMIT						
	DEDUCTIBLE			DEDUCTIBLE						
	TOTAL PREMIUM			TOTAL PREMIUM						
OTHER	CARRIER			ATTACHMENTS						
	POLICY NUMBER			☐ FINANCIALS						
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	☐ CARRIER LOSS RUNS						
	EFF-EXP DATE			☐ CARRIER SUPPLEMENT(S)						
	LIMIT			☐						
	DEDUCTIBLE			☐						
	TOTAL PREMIUM			☐						

LOSS HISTORY (Attach additional sheets if more space is required)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

TOTAL LOSSES:

DATE OF OCCURRENCE	LINE OF BUSINESS	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM / NOTICE	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN	CLAIM STATUS CLSD

REMARKS

AGENCY CUSTOMER ID: _____

REMARKS

SIGNATURE

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED. (Not applicable in North Carolina)

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER