



Professional Liability Insurance for Insurance Agents and Brokers Representation Application

1. Applicant Company (Full Legal Name): _____

2. Principal Address: _____

City: _____ State: _____ ZIP: _____

Website: _____ Main Office Telephone: (_____) _____

3. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No

If "Yes" Please explain.

4. Have any professional liability claims been made against the Applicant, Applicant's owners, principals, directors, officers or employees in the last 5 years? Yes No

If "Yes" Please explain.

5. Does the Applicant, Applicant's owners, principals, directors, officers or employees have knowledge of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

If "Yes" Please explain.

Please attach a separate sheet or any claim documents if further explanation is needed for any of the previous above questions.

It is understood and agreed that if the answer to questions 3, 4, or 5 is "Yes", any such claim or potential claim is specifically excluded from this proposed coverage.

Notice to Applicant: Please Read Carefully.

Representation: The applicant represents that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this representation constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Name and Title (please print): _____

Applicant Signature: _____ Dated (Month-Day-Year): _____