

First Specialty Insurance Corporation

5200 Metcalf • PO Box 2991 • Overland Park KS 66201-1391
800-255-6931

APPLICATION FOR "CLAIMS MADE AND REPORTED" INSURANCE POLICY FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E&O)

NEW BUSINESS: THIS APPLICATION IS FOR STARTUP AGENCIES ONLY. PLEASE PROVIDE RESUME AND COMPLETED APPLICATION ALONG WITH APPLICABLE SUPPLEMENTS.

1. a. Agency's **Legal Entity** Name: *(proposed First Named Insured)*

b. Organization Type: Individual Partnership Corporation LLC Other: _____

c. Federal Employer/Tax ID No.: _____ d. Date entity established: ____ / ____ / ____ (month/day/year)

2. a. **Street Address** (Primary Location):

City: _____ County: _____ State: _____ Zip: _____ - _____

b. **Mailing Address** (if different from 2.a.):

City: _____ State: _____ Zip: _____ - _____

3. a. Name of individual designated as agency E&O contact: _____

b. Phone: () _____ c. Fax: () _____

d. E-Mail Address: _____ e. Website Address: _____

4. a. Total estimated percentages of insurance written for Umbrella/Excess, Crop, Flood, Wet Marine, Livestock Mortality, Medical Malpractice, Professional Liability Non-Medical, Aviation, Bonds and Long-Haul Trucking, Auto – Non Standard, Auto – Assigned Risk? %

b. Total estimated percentages of insurance written for Annuities – Variable, Credit Life and Group – Self Insured A&H Insurance? %

5. Estimated Percentage of **Property & Casualty** business that will be placed:

a. **Directly with carriers** (other than as a broker, MGA, or surplus lines broker) %

b. **Through any other third party** %

c. **As a broker** (including surplus lines) %

d. **As an MGA** %

6. Will the agency place coverage for any petroleum exposures, including, but not limited to, service, extraction, exploration, development, production, transportation, delivery, or storage thereof? Yes No

7. Will the agency place coverage for hazardous waste removal, storage or treatment? Yes No

8. Will the agency provide or be involved in Captive Management Services, Reinsurance Placement, Self-Insured Captives or Funds Design, Risk Retention Groups (RRG) or Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA) design, formation or administration?..... Yes No

9. Will the agency perform any activities in addition to P&C and L&H placement? Yes No

10. Has any past or present agency personnel been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority or convicted of a criminal activity? Yes No

If yes, provide a copy of the action pending or taken by the disciplinary body or judicial system.

11. Requested Effective Date: ____ / ____ / ____ Requested Deductible: \$2,500 \$5,000 \$ _____

12. Requested Limit of Liability: Each Claim: \$ _____ Annual Aggregate: \$ _____

13. **Remarks: (Please attach sheet if more room required.)**

NOTICE TO APPLICANT

For your protection, the following Fraud Warnings are required to appear on this application.

I hereby authorize the release of claim information from any prior insurer to us.

I understand and accept that the policy applied for provides coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

Applicable in Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

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

Applicable in District of Columbia

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.

Applicable 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.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable to New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable to New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable to Ohio

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.

Applicable in Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Oregon

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 may be guilty of insurance fraud.

Applicable in Pennsylvania

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 subjects such person to criminal and civil penalties.

Applicable in Maine/Tennessee/Virginia

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.

Applicable in all Other States

Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind First Specialty Insurance Corporation to issuance of an insurance policy.

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

By checking this block I affirm that all changes and entries made to the application unless otherwise noted were approved by the undersigned on the date of signature below.

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____
(Please Print)

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.