



FLAG INSURANCE SERVICES

Professional Liability Application INSURANCE AGENTS Errors & Omissions Insurance

APPLICANTS ACKNOWLEDGEMENT

The undersigned understands and accepts that any policy issued will provide coverage on a CLAIMS MADE basis and that the limit of liability to pay damages shall be reduced and may be completely exhausted by payment of claims expense. A deductible shall be applied against all claims expense. The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatements of any material facts known, or should he known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued. The undersigned authorizes the Insuring Company to obtain a copy of the credit history for the underwriting of insurance for which applied. The undersigned understands that misrepresentation, false, incomplete, misleading answers, omissions, or failure to disclose any PRE-EXISTING situation which could lead to the presentation of a claim will RELEASE the Insuring Company from any claim payment or defense expense.

BY MY SIGNING I HAVE ACKNOWLEDGED MY READING, UNDERSTANDING, AND ACCEPTANCE OF THE ABOVE STATEMENTS.

Print full name _____ Title _____

Signature _____ Date _____

ANSWER ALL QUESTIONS

1) Applicant's name as appears on license _____

2) Business name (dba) _____

3) Full address _____

4) Any branch offices? Yes No If yes-complete our branch office supplemental (on last page)

5) Phone _____ Fax _____ Email _____

6) Application is: Individual Partnership Corporation Other _____

7) How would you describe your credit? Great Good Average Poor Bad

8) Date agency was established (as applicant's current business name) _____ Number of years in the insurance business? _____

9) List all owners/officers and their percent of ownership interest

Name	Social Security #	Ownership %	Years Experience	Years Licensed

10) Is applicant engaged in any other business other than Insurance? Yes No
Explain _____

11) Is applicant controlled, owned, affiliated or associated with any other firm, agency, corporation or insurance company? Yes No
If yes, how? _____

12) During the past 3 years has the name of the Agency been changed or has any other business or agency been acquired, merged into or consolidated with the applicant? Yes No
If yes explain _____

13) E & O policy currently in force? (Copy of expiring dec page must be attached showing retroactive date) Yes No
 Expiration date _____ Retroactive date _____

14) List last three E & O providers **If none check here**

<i>Provider</i>	<i>Policy Period</i>	<i>Limit</i>	<i>Deductible</i>	<i>Premium</i>

15) Has the applicant ever had an E & O policy declined, renewal refused, or cancelled? Yes No
 (this also includes non-payment of monthly payments)
 If yes explain: _____

16) State volume income by area of written premium. (combined total should be 100%)
 P & C personal lines _____% P & C commercial lines _____% Life & Health _____%

17) What was total volume (new and canceled) of all lines for all companies?
 Last year \$ _____ This year \$ _____ Projected next year \$ _____

18) What was total commission income all lines all Companies?
 Last year \$ _____ This year \$ _____ Projected next year \$ _____

19) List volume last 12 months by Insurance Company or General Agent starting with largest first

<i>Insurance Company or General Agent</i>	<i>Volume</i>	<i>Admitted</i>	<i>Rating</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

20) Is all incoming mail date stamped and worked every business day? Yes No

21) How long do you maintain your records? _____

22) Do you give written binders to your insureds? Yes No

23) How and when do you notify the insurer of your binding (if allowed) them to a risk? Explain _____

24) Do you document the file for all business related conversations ? Yes No

25) Do you require a form of written request from your insureds who desire their coverage to be increased, reduced or eliminated ? Yes No

26) What is the percent of applicant's annual volume by line of coverage?

<i>Personal</i>			<i>Commercial</i>			<i>Other</i>		
	%	Automobile		%	Automobile		%	Life
	%	Homeowners/Dwelling Fire		%	Property		%	Health
	%	Mobile Homes		%	General Liability		%	Accident
	%	Motor Homes/Campers		%	Package		%	Workers Comp
	%	Motor Cycles		%	Cargo		%	Other: Explain
	%	Other: Explain		%	Other: Explain			

27) What counties are the mobile homes in? _____

28) Do you advise insureds of all lines of coverage? Yes No
 If no why not _____

29) If accepted by the Insurer what is the requested effective date? ____/____/____ (MM/DD/YY)

30) Requested limit \$_____/ \$_____ Requested deductible \$_____

NOTE: An answer of YES to questions 31, 32 or 33 will require a written answer in complete detail on the Applicant's letterhead and must be attached to the application.

31) Has the applicant or any employee of the applicant ever been subject to disciplinary action by any State Agency or Insurance Department? Yes No

32) Have any claims or suits been made against applicant or any staff member in the last 5 years? Yes No

33) After inquiry of each person proposed for insurance, is the applicant AWARE of ANY circumstance, omission, error or offense which may result in a claim being made against the applicant or any of applicant's employees? Yes No

By my signing, I am stating all answers in this application are true and complete statements.

X _____ X _____ X _____
Signature Title Date

Branch Office Supplemental
(Make copy for each additional location)

This supplemental must be completed for **EACH** branch office to be covered under this policy.

1) Business Name _____

2) Street Address _____

3) Phone _____ Fax _____ Email _____

4) Date location was established _____

5) Who is office manager at this location? _____

a) Do they have managerial experience? Yes No b) If yes – How long? _____

6) Operating systems/procedures – are they using the same system/procedures as their other location(s) or are they using a new system/procedures? _____

Insured Signature

Date

Complete and return to:



FLAG INSURANCE SERVICES

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