

**APPLICATION
LIFE / HEALTH / ACCIDENT
INSURANCE AGENT'S
PROFESSIONAL LIABILITY**

1. FULL LEGAL NAME OF APPLICANT _____
 _____ PHONE () _____

2. MAILING ADDRESS _____
 CITY & STATE _____
 CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

3. ADDITIONAL LOCATIONS _____

4. DATE ESTABLISHED _____

5. HOW IS THE FIRM LICENSED?
 AGENT _____ - LICENSE # _____
 BROKER _____ - LICENSE # _____
 MGA _____ - LICENSE # _____
 OTHER (EXPLAIN) : _____

6. LIST STATES WHERE LICENSED: _____

7. WHAT PERCENT OF BUSINESS IS PLACED AS:
 AGENT - _____ %
 BROKER - _____ %
 MGA - _____ %
 OTHER (EXPLAIN) : _____

8. DO YOU HAVE AUTHORITY TO BIND RISKS:
 (A) ON BEHALF OF SOME OF YOUR COMPANIES? YES _____ NO _____
 (B) ON BEHALF OF LLOYDS UNDERWRITERS? YES _____ NO _____

9. DURING THE PAST FIVE YEARS HAS THE NAME OF THE FIRM BEEN CHANGED OR HAVE THERE BEEN ANY PURCHASES, MERGERS OR CHANGES IN OWNERSHIP?
 YES _____ NO _____
 IF YES, PLEASE PROVIDE DETAILS:

10. PLEASE ATTACH RESUMES FOR KEY PERSONNEL.

11. ASSOCIATION MEMBERSHIPS AND/OR DESIGNATIONS TO WHICH KEY PERSONNEL BELONG/MAINTAIN:

12. LIST BELOW THE NAMES OF ALL ACTIVE OFFICERS OF THE FIRM:

NAME _____	TITLE _____	YRS. OF INSURANCE EXP. _____
NAME _____	TITLE _____	YRS. OF INSURANCE EXP. _____
NAME _____	TITLE _____	YRS. OF INSURANCE EXP. _____

13. NUMBER OF FULL TIME STAFF (INCLUDING OFFICERS):

LICENSED _____ UNLICENSED _____ TOTAL _____

14. NUMBER OF PART-TIME STAFF: _____

15. NUMBER OF STAFF HIRED WITHIN THE PAST 12 MONTHS: _____

16. NUMBER OF STAFF TERMINATED (QUIT, RETIRED, FIRED) WITHIN THE PAST 12 MONTHS: _____

17. HAS ANY STAFF MEMBER EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY ANY REGULATORY AUTHORITY OF THE STATE OR FEDERAL GOVERNMENT AS A RESULT OF PROFESSIONAL ACTS, OR HAD A LICENSE REVOKED? YES _____ NO _____
IF YES, PLEASE PROVIDE DETAILS:

18. LIST ALL PERSONS OR ENTITIES OWNING OR CONTROLLING A 10% OR MORE INTEREST IN THE FIRM OR ANY SUBSIDIARY OR AFFILIATE OF THE FIRM.

19. LIST ALL ENTITIES OWNED OR CONTROLLED 10% OR MORE BY THE FIRM OR ANY OFFICER OF THE FIRM.

20. ANNUAL GROSS PREMIUMS WRITTEN: LAST YEAR \$ _____ THIS YEAR \$ _____

21. COMMISSIONS AND FEES:

	LAST YEAR (NEW & RENEWAL)	THIS YEAR (NEW & RENEWAL)	EST. NEXT YEAR (NEW & RENEWAL)
INDIVIDUAL LIFE	\$ _____	\$ _____	\$ _____
GROUP LIFE	\$ _____	\$ _____	\$ _____
INDIVIDUAL A & H	\$ _____	\$ _____	\$ _____
GROUP A & H	\$ _____	\$ _____	\$ _____
PENSIONS	\$ _____	\$ _____	\$ _____
MUTUAL FUNDS	\$ _____	\$ _____	\$ _____
LIMITED			
PARTNERSHIPS	\$ _____	\$ _____	\$ _____
FINANCIAL			
COUNSELING	\$ _____	\$ _____	\$ _____
EMPLOYEE BENEFITS			
ADMINISTRATION	\$ _____	\$ _____	\$ _____
OTHER (EXPLAIN)	\$ _____	\$ _____	\$ _____
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TOTAL	\$ _____	\$ _____	\$ _____

22. LIST FIVE LARGEST COMPANIES REPRESENTED IN ORDER OF VOLUME:

A.	_____	\$ _____
B.	_____	\$ _____
C.	_____	\$ _____
D.	_____	\$ _____
E.	_____	\$ _____

23. IS INSURANCE EVER PLACED WITH COMPANIES WITH LESS THAN AN "A" BEST RATING?
 YES _____ NO _____ (IF YES, PLEASE PROVIDE DETAILS.) _____

24. ESTIMATED NUMBER OF ACCOUNTS: _____

25. COMMISSION INCOME FROM LARGEST SINGLE ACCOUNT: \$ _____

26. NUMBER OF ACCOUNTS PRODUCING COMMISSION IN EXCESS OF \$20,000.: _____

27. INCOME IN ADDITION TO INSURANCE COMMISSION INCOME:

\$ _____ SOURCE _____
 \$ _____ SOURCE _____

28. PLEASE PROVIDE DETAILS ON PROFESSIONAL LIABILITY INSURANCE COVERAGE FOR THE PAST THREE YEARS. (SHOW CURRENT POLICY AND TWO PRIOR YEARS):

INSURANCE COMPANY	LIMITS	DED.	POLICY PERIOD	CLAIMS-MADE (YES/NO)	PREMIUM
1. _____					
2. _____					
3. _____					
CURRENT RETROACTIVE DATE _____					

29. HAS ANY APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE MADE ON BEHALF OF THE FIRM, ANY PREDECESSORS IN BUSINESS, PRESENT PARTNERS OR OFFICERS EVER BEEN DECLINED OR HAS THE INSURANCE EVER BEEN CANCELLED OR RENEWAL REFUSED? YES _____ NO _____ (IF YES, PLEASE PROVIDE DETAILS)

30. HAVE ANY CLAIMS BEEN MADE DURING THE PAST 5 YEARS AGAINST THE FIRM, THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT PARTNERS OR, TO THE KNOWLEDGE OF THE FIRM, AGAINST ANY PAST PARTNER? YES _____ NO _____
IF YES, ATTACH DETAILS STATING:
(A) DATE WHEN CLAIM, SUIT OR NOTICE WAS MADE;
(B) DATE THE ACT GIVING RISE TO THE CLAIM, SUIT OR NOTICE WAS COMMITTED;
(C) NAME OF THE CLAIMANT;
(D) NATURE OF THE CLAIM, SUIT OR NOTICE;
(E) AMOUNT INVOLVED, INCLUDING BOTH LOSS AND EXPENSE RESERVES;
(F) FINAL DISPOSITION

31. IS THE APPLICANT AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN ANY CLAIM BEING MADE AGAINST THE FIRM, THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR PAST PARTNERS? YES _____ NO _____
IF YES, PLEASE ATTACH FULL DETAILS ON THE SAME BASIS AS QUESTION 28 ABOVE.

32. LIMITS OF LIABILITY REQUESTED _____ DEDUCTIBLE _____

33. THE APPLICANT DECLARES THAT THE ABOVE STATEMENTS AND REPRESENTATIONS ARE TRUE AND CORRECT AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO SELL NOR THE APPLICANT TO PURCHASE THIS INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

SIGNATURE OF APPLICANT _____

TITLE _____ DATE _____