



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-585-2853 • Fax 877-585-2854

**INSURANCE AGENTS  
 PROFESSIONAL  
 LIABILITY**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

### 3. Desired Insurance

Limit of Liability:

- \$100,000 per accident / \$ 300,000 aggregate
- \$200,000 per accident / \$ 300,000 aggregate
- \$250,000 per accident / \$ 500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate

Self-Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

### 4. Business Activities

1. Breakdown of Premium volume of Business by Line of Coverage in Past Year:

Personal Lines/Commercial Lines:

Automobile: \$ \_\_\_\_\_ Ocean/Wet Marine: \$ \_\_\_\_\_

Homeowners: \$ \_\_\_\_\_ Other Personal Lines: \$ \_\_\_\_\_

Bonds: \$ \_\_\_\_\_ Worker's Compensation: \$ \_\_\_\_\_

Other Commercial Property: \$ \_\_\_\_\_ Aviation: \$ \_\_\_\_\_

Worker's Compensation: \$ \_\_\_\_\_ Umbrella/Excess: \$ \_\_\_\_\_

Commercial Auto: \$ \_\_\_\_\_ Physicians & Hospitals: \$ \_\_\_\_\_

Commercial Multi-Peril: \$ \_\_\_\_\_ Professional Liability: \$ \_\_\_\_\_

Inland Marine: \$ \_\_\_\_\_ Life, Accident & Health: \$ \_\_\_\_\_

TOTAL ALL LINES: \$ \_\_\_\_\_

2. Year the business was established: \_\_\_\_\_

3. Is the business controlled, owned or associated with any other professional firm:  Yes  No  
If yes, please provide detail: \_\_\_\_\_

4. How many employees provide Professional services directly to clients? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

5. Is there any one client who provides more than 20% of the business income?  Yes  No  
If yes, identify the client by name and percentage (%). \_\_\_\_\_  
\_\_\_\_\_ %

6. What industry Professional Associations does the Company, or any employee, belong? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the Business have a contract in place with clients?  Yes  No  
If yes, please select:  All of the time  Most of the time  Some of the time  Never

8. Does the Applicant do business through independent contractors?  Yes  No  
If yes, please select:  All of the time  Most of the time  Some of the time  Never

9. Percentage of business that is direct billed by carriers:  
 Auto: \_\_\_\_\_% Homeowners: \_\_\_\_\_% Commercial: \_\_\_\_\_% Other: \_\_\_\_\_%: \_\_\_\_\_

10. List the following information and identify all owners, partners, officers, directors, and licensees: (attach a separate sheet if necessary)

Name	Residence Address	Date Of Birth	Title	Soc. Sec. #	Yrs. Of Exp.

11. Name all Companies the applicant represents under direct Agent or Broker Agreements:

Company	Address	Date App'd.	Lines of Business	Volume

12. List General Agents, MGA's, and Surplus Line Brokers with whom you place business:

Name	Lines of Business	Companies Used	Volume

13. Please state percentage of business written through:  
 Assigned Risk or State Fund Pools: \_\_\_\_\_% Risk Purchasing Groups: \_\_\_\_\_%  
 Risk Retention Groups: \_\_\_\_\_% Alien Non-Admitted Carriers: \_\_\_\_\_%

14. Have any Companies, General Agents, or other markets withdrawn from your agency in the past three years?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Name all companies for which the applicant acts as G.A., Managing General Agent, or Underwriting Manager:  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Specify the maximum limit(s) the applicant is authorized to bind:  
 Fire & Inland Marine: \$ \_\_\_\_\_ Auto Physical Damage: \$ \_\_\_\_\_  
 General Liability: \$ \_\_\_\_\_ Homeowners: \$ \_\_\_\_\_  
 Auto Liability: \$ \_\_\_\_\_ Excess Liability: \$ \_\_\_\_\_

17. Does agency specialize in writing any one class of risk?  Yes  No  
 If yes, what class? \_\_\_\_\_

18. How long writing this class? \_\_\_\_ Years

19. Percentage of Agency's volume? \_\_\_\_\_%

20. What Markets used: \_\_\_\_\_

21. Have any of the Business 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 describe: \_\_\_\_\_

22. Have any professional liability claims ever been made against the Business, business owners, principals, directors, officers, or employees?  Yes  No  
 If yes, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts: \_\_\_\_\_

23. Does the Applicant, Applicant's owners, principals, directors, officers, or employees have any knowledge or information 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 describe: \_\_\_\_\_

24. It is understood and agreed that if the answer to the previous three queries is YES, any such claim or potential claim is specifically excluded from this proposed coverage.

25. List the prior Professional Liability Insurance Companies providing coverage for the past five years?

Name of Insurer	Period	Limit	Deductible	Any Claims?		Premium
				YES	NO	

26. Indicate all Insurance Professional Associations of which you are a member:  IIAA  PIA  
 American Agent Alliance  WAIB  AAMGA  NAPSLO  Other: \_\_\_\_\_

27. List all State approved or Professional Association sponsored insurance, continuing education or educational seminars attended by agency Principal and Licensees during the past 12 months: \_\_\_\_\_

28. Retroactive Date of current policy (if any): \_\_\_\_\_

29. Have any claims or suits been made during the past five years against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors, or employees?  
 Yes  No

30. If YES, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments, and open reserves). Please complete the attached disclosure and Warranty forms.

31. Staff:

	Full-Time	Part-Time
Principals		
Agents/Brokers/Solicitors (not listed as Principals)		
Service/Raters		
Accounting/Bookkeeping		
Clerical/Filing		
Independent Contractors Do you want coverage for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____		
<b>TOTAL:</b>		

32. Do persons responsible for the transaction of insurance speak and write English?  Yes  No

33. What other languages are spoken in your office or with your clients? \_\_\_\_\_

34. Does the agency utilize any form of computer or automation system?  Yes  No

35. What type:  In-house  Batch  Manual  Other – explain: \_\_\_\_\_

36. Name of Automation Vendor: \_\_\_\_\_

37. Name of Software System and Program: \_\_\_\_\_  
Version: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

38. Hardware:  Single User  Multi-User: Number of stations: \_\_\_\_\_

39. Please indicate functions performed:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Claims                | <input type="checkbox"/> Renewal Lists |
| <input type="checkbox"/> Rating             | <input type="checkbox"/> MVRs                  | <input type="checkbox"/> Applications  |
| <input type="checkbox"/> Policy Information | <input type="checkbox"/> Policy Issuance       | <input type="checkbox"/> Financing     |
| <input type="checkbox"/> Word Processing    | <input type="checkbox"/> Other (explain) _____ |  |

40. Submit under separate cover with this application:

A brief resume' for all principals, partners, and officers;

Copies of all the following: advertisements, brochures, descriptive literature, Website address, and other informative material.

41. Does your Agency provide any Risk Services, Insurance Company Management Services, Captive or Risk Retention Act Contracted Services, Claims Services, Alternative Risk Management Services, on-site Assessment Services, or other insurance technical services for a fee?  Yes  No  
If yes, explain and identify your receipts from fees collected annually.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes. The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name