

Whenever used in this Application, the term "Applicant" means the Named Insured and any other entity proposed for coverage.

## ENDURANCE AGENCY ADVANTAGE APPLICATION

**THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE" BASIS WHICH APPLIES ONLY TO CLAIMS WHICH BOTH FIRST ARISE AND ARE REPORTED WHILE THE POLICY IS IN FORCE.**

1. Name: \_\_\_\_\_  
*(exactly as shown on license - attach copy of license)*

- Individual
- Partnership
- Corporation

D/B/A (if applicable): \_\_\_\_\_

2. P.O. Box: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

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

Email: \_\_\_\_\_

*List additional locations on separate sheet, if necessary*

If applicable please list the names of any subsidiaries and a description of their operations: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Website: \_\_\_\_\_

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

NAME	RESIDENCE ADDRESS	DATE OF BIRTH	TITLE	YEARS INS. EXPERIENCE

4. Limit of Liability desired: \$ \_\_\_\_\_ each claim/aggregate      Deductible: \$ \_\_\_\_\_ each claim.

5. License Number(s): \_\_\_\_\_ Date First Licensed: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_

6. State Applicant's Annual Premium Volume and Commission:

**Premiums**

**Commissions**

Last 12 months: \_\_\_\_\_

Est. next 12 months: \_\_\_\_\_

7. State the approximate breakdown of total annual volume for each column

**7a. Transacting as:**

**7b. Lines of Business:**

- Agent ..... \_\_\_\_\_ %
- Broker ..... \_\_\_\_\_ %
- Surplus Lines Broker ..... \_\_\_\_\_ %
- Managing General Agent ..... \_\_\_\_\_ %
- Underwriting Manager ..... \_\_\_\_\_ %
- Program Manager ..... \_\_\_\_\_ %
- Free Consultant ..... \_\_\_\_\_ %
- Life - Health Agent / Broker ..... \_\_\_\_\_ %
- Adjuster ..... \_\_\_\_\_ %
- Appraiser ..... \_\_\_\_\_ %
- Financial Planner ..... \_\_\_\_\_ %
- Reinsurance Broker ..... \_\_\_\_\_ %
- Other (Explain) ..... \_\_\_\_\_ %

- Commercial Fire & Inland Marine . . . . . \_\_\_\_\_ %
- Commercial General / Excess Liab. . . . . \_\_\_\_\_ %
- Non-Artisan Contractors GL . . . . . \_\_\_\_\_ %
- Commercial Auto / Garage / Dealers . . . . . \_\_\_\_\_ %
- Trucking (Long Haul) . . . . . \_\_\_\_\_ %
- Workers Comp . . . . . \_\_\_\_\_ %
- BOP . . . . . \_\_\_\_\_ %
- Professional Liability . . . . . \_\_\_\_\_ %
- Ocean Marine . . . . . \_\_\_\_\_ %
- Aviation . . . . . \_\_\_\_\_ %
- Surety . . . . . \_\_\_\_\_ %
- Bonds other than Surety . . . . . \_\_\_\_\_ %
- Homeowners / Dwelling Fire . . . . . \_\_\_\_\_ %
- Personal Auto . . . . . \_\_\_\_\_ %
- Personal Floaters . . . . . \_\_\_\_\_ %
- Life / Accident / Health / Group . . . . . \_\_\_\_\_ %
- Other (Explain) . . . . . \_\_\_\_\_ %

**MUST TOTAL 100%**

**7c.** Business written directly for your own insureds ..... % Business accepted from other agents and brokers ..... %

Percentage of business which is direct billed by carriers

Auto ..... % Homeowners ..... % Commercial ..... % Other ..... %

**8a.** Name all companies the applicant represents under direct Agent or Broker Agreements:

COMPANY	ADDRESS	DATE APPOINTED	LINES OF BUSINESS	VOLUME

**8b.** List General Agents, MGA's and Surplus Line Brokers with whom you place business:

NAME	LINES OF BUSINESS	COMPANIES USED	VOLUME

**8c.** State percentage of business written through:

Assigned Risk or State Fund Pools: ..... % Risk Purchasing Groups ..... %

Risk Retention Groups: ..... % Alien Non-Admitted Carriers ..... %

**9.** Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?

Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**11.** Specify the maximum limit(s) the applicant is authorized to bind:

	AMOUNT		AMOUNT
Fire .....	\$ _____	Auto Physical Damage .....	\$ _____
General Liability .....	\$ _____	Homeowners .....	\$ _____
Auto Liability .....	\$ _____	Excess Liability .....	\$ _____

**12a.** Does agency specialize in writing any class of risk (Examples: Auto Dealers, Contractors, Truckers, etc.)?

Yes  No If yes, what class: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12b.** How long writing this class \_\_\_\_\_ years?

**12c.** Percentage of Agency's Volume \_\_\_\_\_ %.

**12d.** What Markets used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13a. NUMBER OF STAFF:**

**FULL TIME**

**PART TIME**

Principals \_\_\_\_\_

Agents / Brokers / Solicitor (Not listed as principals) \_\_\_\_\_

Service / Raters \_\_\_\_\_

Accounting / Bookkeeping \_\_\_\_\_

Clerical / Filing \_\_\_\_\_

Independent Contractors (Not salaried Employees) \_\_\_\_\_

Other (Explain) \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**13b.** Do persons responsible for the transaction of insurance speak and write English?  Yes  No

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

**14a.** Does the agency utilize any form of computer or automation system?  Yes  No

**14b.** What type:  In House  Batch  Manual  Other - Explain: \_\_\_\_\_

**14c.** Name the Automation Vendor: \_\_\_\_\_

**14d.** Name of Software System and Program: \_\_\_\_\_

**14e.** Version \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**14f.**  Hardware  Batch  Multi-User Number of Stations: \_\_\_\_\_

**PLEASE INDICATE FUNCTIONS PERFORMED:**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Claims	<input type="checkbox"/> Renewal Lists
<input type="checkbox"/> Rating	<input type="checkbox"/> MVR's	<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) _____	

**15.** List all State approved or Professional Association sponsored insurance continuing education courses or seminars attended by agency Principal and Licensees during the past 12 Months: \_\_\_\_\_

**16a.** List all Professional Liability, "E & O" or Legal Expense insurance carried during the past five years. If none, state "NONE".

INSURANCE CO.	LIMITS OF LIABILITY	DEDUCTIBLE (IF ANY)	PREMIUM	INCEPTION Month / Day / Year	EXPIRATION Month / Day / Year	CLAIMS	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**16b.** Retroactive Date of current policy: \_\_\_\_\_

**17.** Is the principal / principals active in the business?  Yes  No

**18.** Does the agency maintain a binder log?  Yes  No

**19.** Does the agency use "Power of Attorney" to represent the insured?  Yes  No

**20.** Is all incoming mail date stamped?  Yes  No

**21.** Are records of coverage rejections maintained?  Yes  No

- 22.** 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  
*(If yes, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments and open reserves.)*
- 23.** Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made 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  
*If the response to Question 22 and/or Question 23 is "Yes," please attach complete details.*

NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any fact, circumstance, act, error or omission disclosed or required to be disclosed in response to Questions 22-23 is hereby expressly excluded from coverage under the proposed insurance policy.

- 24.** Has the Applicant reported the matters listed in Questions 22 - 23 to its current or former insurance carrier?  
 Yes  No  N/A
- 25.** Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or canceled, or renewal of such insurance been refused? ? (Missouri applicants need not answer this question.)  
 Yes  No *(If yes, explain.)* \_\_\_\_\_
- 26.** Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any State licensing agency or regulatory body?  Yes  No
- 27.** Indicate all Insurance Professional Associations of which you are a member:  IIAA  PIA  
 American Agents Alliance  WAIB  AAMGA  NAPSLO  Other \_\_\_\_\_
- 28.** The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insured's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.
- 29.** The applicant accepts notice that any policy issued will: (1) Only apply on a "claims made" basis and that the deductible will apply to loss payment and (whether or not loss payment is made) to claims expense, as those terms are defined in the Policy; (2) Not insure against damages resulting from any claim or claim expense, as that term is defined in the policy, alleged to have occurred prior to the Inception Date of the policy unless the Underwriter shall agree to insure damages resulting from claim or claim expense alleged to have occurred prior to the Inception Date but after an agreed upon Retroactive Date.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing of this Application does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

The applicant hereby authorizes the Underwriters, and/or their representatives by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any source including consumer credit information, which the Underwriters deem important in the underwriting of the insurance applied for by this application.

Name of Applicant \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Owner, Partner or President \_\_\_\_\_ Title: \_\_\_\_\_

## FRAUD NOTIFICATION

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMIT A FRAUDULANT INSURANCE ACT, WHICH IS A CRIME.**

### **NOTICE TO STATE APPLICANTS:**

**ALABAMA:** ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**ARKANSAS, NEW MEXICO, RHODE ISLAND OR WEST VIRGINIA:** ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CONFINEMENT IN PRISON.

**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 FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**DISTRICT OF COLUMBIA:** WARNING: 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.

**KANSAS:** ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER OR INSURANCE AGENT OR BROKER, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**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.

**LOUISIANA:** ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**MARYLAND:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CONFINEMENT IN PRISON.

**NEW YORK:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**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.

**OKLAHOMA:** WARNING: 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.

**OREGON:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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.

**TENNESSEE, VIRGINIA OR WASHINGTON:** 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.

**VERMONT:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



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## INSURANCE AGENTS AND BROKERS E&O CLAIM SUPPLEMENT

### APPLICANT'S INSTRUCTIONS:

This form is to be completed by the Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim.

### COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

If space is insufficient to answer any question fully, attach a separate sheet. Answer ALL questions completely.

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Individual(s) or firm involved in claim: \_\_\_\_\_
3. Full Name of Claimant: \_\_\_\_\_
4. Indicate Whether  Claim / Suit  or  Incident
5. Date of Alleged Error: \_\_\_\_\_
6. Date of Claim: \_\_\_\_\_
7. (a) Description of claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required) \_\_\_\_\_  
\_\_\_\_\_
- (b) Description of case and events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. IF CLOSED, TOTAL LOSS PAID INCLUDING DEDUCTIBLE \$ \_\_\_\_\_
9. IF PENDING: \_\_\_\_\_
10. Name of Insurer: \_\_\_\_\_
11. Please describe procedures instituted to avoid similar claims: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same notification, warranties and conditions.

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

Signed by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date