PROFESSIONAL / SPECIALTY INSURANCE APPLICATION

(FOR USE IN MANAGEMENT, EXECUTIVE & PROFESSIONAL LINES - APPLICANT SECTION)

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	UNDERWRITER	UNDERWRITER OFFICE
	POLICIES OR PROGRAM REQUESTED	
AGENCY'S STATE LICENSE #: (Required in Nebraska)		
CONTACT NAME:	POLICY NUMBER	
PHONE (A/C, No, Ext): / FAX (A/C, No):		
E-MAIL ADDRESS:		
CODE: / SUBCODE:		
AGENCY CUSTOMER ID:		

INDICATE SECTIONS ATTACHED				BUSINESS TYPE
	PROFESSIONAL LIABILITY			
CRIME	ACCOUNTANTS PROFESSIONAL	CYBER AND PRIVACY COVERAGE		PUBLIC
D&O (Directors & Officers)	ARCHITECTS PROFESSIONAL	TECHNOLOGY		PRIVATE
E&O (Errors & Omissions)	INSURANCE AGENTS	WORKPLACE VIOLENCE		NOT FOR PROFIT
EPLI (Employment Practices Liability)	LAWYERS PROFESSIONAL			HEALTH CARE
FIDUCIARY	MEDIA PROFESSIONAL	MISC PROFESSIONAL LIABILITY:		FINANCIAL INSTITUTION
KIDNAP / RANSOM	MEDICAL MALPRACTICE			

STATUS OF TRANSACTION

QUOTE ☐ ISSUE POLICY ☐ RENEWAL ☐ NEW

BOUND (Give Date and/or Attach Copy):

DATE | TIME | ☐ AM ☐ PM

POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
		☐ DIRECT BILL ☐ AGENCY BILL	

APPLICANT / FIRM INFORMATION (As Applicable)

NAME (First Named Insured and Other Named Insureds)	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
FEIN # (of First Named Insured):	APPLICANT'S TITLE:
SOC SEC # (if no FEIN) (of First Named Insured):	NAICS CODE: / SIC CODE:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	CR BUREAU NAME:
	ID NUMBER:
FAX (A/C, No):	PRIMARY E-MAIL ADDRESS:
WEBSITE ADDRESS(ES):	SECONDARY E-MAIL ADDRESS:

☐ INDIVIDUAL ☐ CORPORATION ☐ SUBCHAPTER "S" CORPORATION ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ OTHER:

☐ PARTNERSHIP ☐ JOINT VENTURE ☐ PC ☐ GP / LLP

OPERATIONS: ☐ U.S. ☐ NON U.S. | STATE OF INCORP | DATE BUSINESS STARTED

TOTAL EMPLOYEES	TOTAL PAYROLL	TOTAL REVENUES	TOTAL ASSETS	TOTAL LIABILITIES
FULL TIME: PART TIME:	$	$	$	$

CONTACT INFORMATION (Attach additional sheets if more space is required)

PRIMARY CONTACT	CONTACT TYPE:
NAME:	NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	

PARENT COMPANY	RELATIONSHIP	% OWNERSHIP BY PARENT

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		
NAME OF SUBSIDIARY	**RELATIONSHIP**	**% OWNERSHIP BY APPLICANT**

2. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
3. HAS ANY POLICY OR COVERAGE BEING APPLIED FOR BEEN DECLINED, CANCELLED OR NON-RENEWED? (Missouri Applicants - Do not answer this question)	
4. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	
5. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	
6. ARE THERE ANY PREDECESSOR FIRMS?	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION (List Current Primary Policy First)

LINE	CATEGORY									
D&O LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE
	EFF-EXP DATE									
	RETRO DATE									
	CONTINUITY DATE									
	LIMIT PER CLAIM									
	RETENTION									
	DEDUCTIBLE									
	ADDITIONAL LAYERS	☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO
	TOTAL PREMIUM									
EPLI	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE						
	EFF-EXP DATE									
	RETRO DATE									
	CONTINUITY DATE									
	LIMIT PER CLAIM OCCURRENCE									
	LIMIT PER CLAIM AGGREGATE									
	RETENTION									
	DEDUCTIBLE									
	TOTAL PREMIUM									
PROFESSIONAL LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE						
	EFF-EXP DATE									
	RETRO DATE									
	CONTINUITY DATE									
	LIMIT PER CLAIM OCC									
	LIMIT PER CLAIM AGGREGATE									
	RETENTION									
	DEDUCTIBLE									
	TOTAL PREMIUM									
CRIME	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE						
	EFF-EXP DATE									
	LIMIT									
	DEDUCTIBLE									
	TOTAL PREMIUM									
FIDUCIARY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE						
	EFF-EXP DATE									
	LIMIT									
	DEDUCTIBLE									
	TOTAL PREMIUM									
OTHER	CARRIER					ATTACHMENTS				
	POLICY NUMBER					☐	FINANCIALS	☐		
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐	CARRIER LOSS RUNS	☐		
	EFF-EXP DATE					☐	CARRIER SUPPLEMENT(S)	☐		
	LIMIT					☐		☐		
	DEDUCTIBLE					☐		☐		
	TOTAL PREMIUM					☐		☐		

LOSS HISTORY (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

TOTAL LOSSES:

DATE OF OCCURRENCE	LINE OF BUSINESS	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM / NOTICE	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED. (Not applicable in North Carolina)

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**