

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391
913 676-5200

APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY FOR INSURANCE AGENCY PROFESSIONAL LIABILITY (E&O)

NEW BUSINESS: Please provide 5-year loss runs and completed application along with all applicable supplements.

1. a. Agency's **Legal Entity Name:** *(proposed First Named Insured)*

b. Organization Type: Individual Partnership Corporation LLC Other: _____

c. Federal Employer/Tax ID No.: _____

d. Is the agency a member of the state independent insurance agents' association? Yes No

If Yes, provide agency active directory ID No.: _____

e. Date entity established*: ____/____/____ *(month/day/year)*

***If less than 3 years, attach resume and business plan**

f. Is coverage requested for any majority owned additional insurance agency entities or trade names (DBA entities) that should be listed on the policy? Yes No

If Yes, complete the **Additional Entity Supplement** for all entities not currently listed on your current Westport policy.

2. a. **Street Address** (Primary Location):

City: _____ County: _____ State: _____ Zip: _____ - _____

b. **Mailing Address** *(if different from 2.a.):*

City: _____ State: _____ Zip: _____ - _____

c. (1) Additional locations? Yes No

If Yes, number of additional locations? 1 2 3 4 or more?

(2) Any locations outside your primary state of domicile? Yes No

3. a. Name of individual designated as agency E&O contact: _____

b. Phone: (____) _____ c. Fax: (____) _____ d. E-Mail Address: _____

e. Website Address: _____ f. Does website contain a privacy statement? Yes No

g. Does website collect personal data (i.e. SSN, DOB) of others? Yes No

4. During the last 5 years, has there been:

a. **Change in agency name?** Yes No **If Yes,** previously reported to us? Yes No

b. **Change in agency ownership?** Yes No **If Yes,** previously reported to us? Yes No

c. **Cluster/alliance participation?** Yes No **If Yes,** previously reported to us? Yes No

d. **Acquisition/merger of book or agency?** .. Yes No **If Yes,** previously reported to us? Yes No

A supplement is needed for all changes not previously reported.

5. License(s) held by Agency or Agency Personnel:

Agent/Agency MGA Broker Surplus Lines Broker Consultant Third-Party Administrator

Other professional licenses: _____

	Last 12 Months	Next 12 Months (Estimated)
6. a. Total P&C new & renewal premiums written annually	\$ _____	\$ _____
b. Total P&C new & renewal annual commissions	\$ _____	\$ _____
c. Total Life and A&H new & renewal annual commissions	\$ _____	\$ _____

7. a. Number of Personnel: *(each individual should be counted only once)*

	Full-Time	Part-Time
Active Owners, Officers, Partners		
Licensed Employee Solicitors, Brokers, Agents		
Licensed CSR's		
Non-Licensed CSR's		
Other Licensed Employees (Including Clerical)		
Non-Licensed Employees (Including Clerical)		
Exclusive, Non-Employee Producers		
Non-Exclusive, Non-Employee Producers		
TOTAL STAFF:		

- b. What % of licensed staff have agency experience? Less than 3 yrs. _____% 3-5 yrs. _____% >5 yrs. _____%
- c. What was the average turnover rate for the last three years? _____%
- d. What percent of agency personnel have insurance designations (i.e. CPCU, ARM, CIC)? _____%

8. a. Type and Percentage of Insurance Placed (complete Current Year if different from Prior Year):

Commercial Lines <i>(% of Total P&C Premiums)</i>	Current Year	Prior Year	Life Insurance & Annuities <i>(% of Total Life/A&H Commissions)</i>	Current Year	Prior Year
Commercial Auto	%		Annuities - non-variable	%	
BOP/CGL/Package	%		Annuities - variable	%	
Umbrellas/Excess	%		Credit Life	%	
Property Coverage	%		Group	%	
Crop Coverage	%		Individual	%	<i>Company Use Only</i>
Workers Compensation	%		Other (List):	%	
Flood	%			%	
Wet Marine	%			%	
Livestock Mortality	%		A & H Insurance	%	
Medical Malpractice	%		Group – Carrier Insured	%	
Professional Liability Non-Medical	%		Group – Self-Insured	%	
Aviation	%		HMO/PPO/DSP	%	
Bonds - Surety/Contract	%		Individual	%	
Bonds - other	%		Disability – Individual	%	
Long-Haul Trucking	%		Disability – Group	%	
Other (List):	%		Other (List):	%	
	%			%	
	%			%	
TOTAL COMMERCIAL LINES:	%		TOTAL Life, Annuities, A&H	100%	
Personal Lines					
Auto-Standard	%				
Auto-Non-Standard	%				
Auto-Assigned Risk	%				
Homeowners & Standard Fire	%				
Non-Standard Fire/FAIR Plan	%				
Watercraft	%				
Umbrella	%				
Flood	%				
Farmowners	%				
Other (List):	%				
	%				
TOTAL PERSONAL LINES:	%				
COMMERCIAL + PERSONAL	100%				

b. Does the agency place insurance in more than 3 non-resident states? Yes No

If Yes, do the agency personnel have more than 3 years experience placing coverages in those states? Yes No

c. For all lines of business, what is the approximate number of policies in force? _____

d. What % of your business involves Contractor/Construction risks?

9. a. List the top 5 agency-contracted **Property & Casualty Insurance Carriers** by annual premium:

Complete Name of Insurance Carrier	Years Represented	Annual Premium
		\$
		\$
		\$
		\$
		\$

- b. (1) Indicate approximate amount of business agency places with carriers that are:

Rated less than B+ by AM Best: _____% Non-Admitted: _____%
 Not Rated (NR) by AM Best: _____% if "Not Applicable"

- (2) Does the agency have a procedure to notify policyholders of carrier's rating or adverse change? Yes No

- c. Have any carriers terminated your contract for reasons **other** than for lack of production or market withdrawal in the last 5 years? Yes No

If Yes, attach a full explanation for each.

10. a. Percentage of **Property & Casualty** business placed:

- (1) **Directly with carriers** (other than as a broker, MGA, or surplus lines broker) _____%
 (2) **Through any other third party** (i.e. a wholesaler, surplus lines broker, other retail agencies) _____%
 (3) **As a broker** (including surplus lines) _____%
 (4) **As an MGA** _____%

Number of sub-producers? _____ **TOTAL: 100%**

Are E&O Certificates of Insurance required from all sub-producers? Yes No

- b. List agency's top 5 **Property & Casualty Brokers, MGA's or Intermediaries** by annual premium: (if "None")

Name of Broker, MGA or Intermediary Through	Annual Premium
	\$
	\$
	\$
	\$
	\$

11. In the past 5 years, has the agency placed coverage for any petroleum extraction, exploration, development, production, transportation, delivery, or storage exposures (not including retail fuel stations)? Yes No

If Yes, Number of Accounts: _____ Annual Premium: \$ _____

12. In the past 5 years, has the agency placed coverage for hazardous waste removal, storage or treatment? Yes No

If Yes, Number of Accounts: _____ Annual Premium: \$ _____

13. In the past 5 years, has the agency placed reinsurance? Yes No

If Yes, latest 12 months premium? \$ _____

14. In the past 5 years, has the agency provided or been involved in any of the following?

	Yes*	No	Annual Income
Captive Management services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Self-Insured Captives or Funds design or formation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Risk Retention Groups (RRG) services, design or formation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA) design, formation or administration?	<input type="checkbox"/>	<input type="checkbox"/>	\$

* For each "Yes" answer, attach a detailed explanation to include: full information on the facility names, the relationship with the agency, any services or administrative duties provided by the agency, and the insurance coverages provided. Include copies of any promotional literature.

15. Does the agency perform any of the following?

	Yes	No	Revenue	<input type="checkbox"/> <input checked="" type="checkbox"/> If Coverage Desired
Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Claims Adjustment Services outside carrier draft authority	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Human Resources Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Tax Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Title Agency Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Premium Finance Company Services provided for agency policyholders	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Premium Finance Company Services (other than for agency policyholders)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Fee-Based Services To Other Insurance Agencies	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Wellness Provider Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Wellness Program Referrals Name of Wellness Provider:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
COBRA Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Fee-Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Fee-Based Loss Control/Risk Management with Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Fee-Based Loss Control/Risk Management without Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Loan Origination Name of Lending Institution:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Pre-Paid Legal (PPL) Services Name of PPL Services Provider:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Mutual Fund Sales*	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Investment/Securities Sales*	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Real Estate Sales*	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Safety Consultant (attach a copy of Safety Consulting contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Third-Party Administrator (attach a copy of TPA contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Motor Vehicle Title (MVTs) Services Name of MVTs Provider:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Professional Employer Organization (PEO) Marketing Name of PEO's:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other: (<i>describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

* If coverage requested, a separate supplement/application is needed for coverage consideration.

16. a. Is there any entity having a 10% or more ownership interest in the agency or any subsidiary or affiliate of the agency? **If yes, attach organization chart and complete 16. b-f.** Yes No
If Yes, is coverage desired for insurance placement on this entity? Yes No
(Note: If coverage is not desired for this placement, do not include the premium for such placement in 6a.)
If Yes, and if coverage is desired for placement on this entity, please complete an Insured vs Insured supplement.
- b. Entity's Name: _____ c. Ownership: _____%
- d. Entity's Operations: Bank Insurance Real Estate/Mortgage Other: _____
- e. Affiliation: Parent Company Sister Company Holding Company Joint Venture
- f. What percent of agency revenue is derived from insurance placement for affiliated companies? _____%
17. a. Does agency place insurance for any entity (**other than the agency**) which the agency or agency personnel operates, controls or manages or have 10% or more ownership interest? Yes No
- b. Does agency place insurance for any entity (**other than the agency**) in which agency personnel is an officer or director? Yes No

18. Office Procedures for all locations:

		Yes	No
a. Are incoming documents date-identified?		<input type="checkbox"/>	<input type="checkbox"/>
b. Does the agency maintain a policy expiration list?		<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a procedure to use a coverage checklist on commercial proposals?		<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a procedure to maintain written documentation of all rejections of coverage?		<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a procedure to periodically review renewal risks for needed changes in coverage?		<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a procedure to document that policies and endorsements are checked for accuracy prior to delivery?		<input type="checkbox"/>	<input type="checkbox"/>
g. Is there a procedure for documenting telephone conversations?		<input type="checkbox"/>	<input type="checkbox"/>
h. Does agency use a diary/suspense/follow-up procedure? If Yes, confirm type: <input type="checkbox"/> Automated Procedure <input type="checkbox"/> Non-Automated Procedure		<input type="checkbox"/>	<input type="checkbox"/>
i. Does applicant have a specific orientation program for new employees?		<input type="checkbox"/>	<input type="checkbox"/>
j. If multiple office locations, do all locations use a centralized agency management system?	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input type="checkbox"/>
k. If multiple office locations, do all locations use same workflow procedures?	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input type="checkbox"/>
l. Do you encrypt or use other measures to protect personal data when transmitted?		<input type="checkbox"/>	<input type="checkbox"/>

19. Have required agency personnel participated in a Westport/IIABA state-sponsored Errors and Omissions Loss Control Seminar in the past 3 annual policy terms? Yes No

20. a. Has agency had an Errors and Omissions Audit? Yes No

b. If Yes, were all recommendations implemented? Yes No

c. Name of audit firm: _____ d. Date of audit: ____/____/____

21. **Potential claims:** If this is a new business application, after inquiry of each agency personnel, are there any known circumstances or incidents which may result in a breach of privacy claim or an errors and omissions claim being made against the agency and/or the agency's personnel? n/a Yes No

If Yes, complete a **Claim Supplement** for each potential claim.

22. **Actual claims:** Have any breach of privacy claims or errors and omissions claims or incidents been made against the agency or any of its past or present personnel or predecessor agency, within the last 5 years? Yes No

If Yes, what is the total number of these claims **not** previously reported to Westport? _____

Complete a **Claim Supplement** for each claim/incident. (Claim supplement not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)

23. Has the agency paid an uninsured loss out of agency funds within the last 5 years? Yes No

If Yes, what is the total number of losses? _____

Complete a **Claim Supplement** for each incident. (Claim supplement not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)

24. Has any policy or application for Errors and Omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? Yes No

If Yes, please indicate: **Year(s):** _____

Reason: Claim Experience Carrier Withdrew From Market Agency Operations Non-Payment

Other (Describe): _____

25. In the last 5 years, have any past or present agency personnel been the subject of complaints filed, investigations and/or disciplinary action by any insurance or other regulatory authority or convicted of a criminal activity? Yes No

If Yes, provide a copy of the action pending or taken by the disciplinary body or judicial system.

26. Please provide the following on the agency's prior 5 years of professional liability insurance: (✓ if "None")

Name of Carrier	Expiration Date	Limit Each Claim	Deductible Each Claim	Premium	Policy Retro Date (if "Full Prior Acts", ✓ box)
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

27. Requested Effective Date: ____/____/____

28. Requested Limit of Liability: Each Claim: \$ _____ Annual Aggregate: \$ _____

29. Requested Deductible: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000 \$50,000

30. Optional Coverage: Employment Practices Liability requested (*separate application required.*)

31. **REMARKS:**

NOTICE TO APPLICANT

I hereby authorize the release of claim information from any prior insurer to us.

I understand and accept that the policy applied for provides coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

For your protection, the following Fraud Warnings are required to appear on this application.

The following Fraud Warning applies to **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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."

The following Fraud Warning applies to **Arkansas/Louisiana**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The following Fraud Warning applies to **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 policy holder 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.

The following Fraud Warning applies to **Florida**: 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.

The following Fraud Warning applies to **Hawaii**: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

The following Fraud Warning applies in **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.

The following Fraud Warning applies in **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **New Mexico**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

The following Fraud Warning applies in **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.

The following Fraud Warning applies in **Oklahoma**: 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.

The following Fraud Warning applies in **Oregon**: 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 may be guilty of insurance fraud.

The following Fraud Warning applies in **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.

The following Fraud Warning applies in **Maine/Tennessee/Virginia**: 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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

Applicant hereby represents that the statements and answers to the questions made above and the attachments hereto are true and applicant has not omitted or misrepresented any information and understands and agrees that this application shall become the basis of any coverage of any policy that may be issued by Westport Insurance Corporation.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

By checking this block I affirm that all changes and entries made to the application, unless otherwise noted, were approved by the undersigned on the date of signature below.

Signature: _____

Date: ____/____/____

Name: _____
(Please Print)

Title: _____

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.