STATESIDE UNDERWRITING AGENCY

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION - NEW BUSINESS

The insurance coverage for which you are applying is written on a claims-made policy form. Subject to policy provisions, this insurance will apply only to liability for claims that are first made against the insured while the policy is in force.

1.	Agency's Legal Entity Name: (proposed primary name insured including the D/B/A if applicable):							
	Agency is a: Sole Proprietorship	o: Partnership:	Corporation:	LLC: O	ther:			
2.	Name of designated agency E&O							
	Phone:	Fax:	Email:	Web	site:			
3.	Date Agency Established: ** Resumes for all owners	(MM/DD/YY) Yea						
4. Physical Address (Primary Location):								
	City:	State:	County:		Zip:			
5.	Mailing Address (if different from a	bove):						
	City:	State:	County:		Zip:			
6.	Additional Locations? YES / N	O (If YES , attach address of e	each location)					
	If YES, are all locations owned and	,,	,	(If NO, attach expla	nation)			
7.	Is agency owned or controlled by oname, percentage of ownership int	,	,	(If <u>YES</u> , attach exp	lanation including the entity's			
8.	Within the last five years, have the	re been: (If YES , to any question	below attach a detailed ex	planation)				
a. Changes in name YES / NO c. Mergers with/or purchases of other agencies YES / NO b. Changes in agency ownership YES / NO d. Agency cluster arrangements YES / NO								
9.	Select desired Limits of Liability, De	eductible, Desired Effective Date	and Retro Date (Selection	s may be subject to	underwriting approval)			
	LIMITS OF LIABILITY (Pe	er Claim/Aggregate)		DEDUCTI	BLE (Per Claim)			
	\$500,000 / \$1,000,000	\$2,000,000 / \$3,000,000		\$2,500	\$25,000			
	\$1,000,000/ \$1,000,000	\$2,000,000 / \$3,000,000		\$5,000	\$50,000			
	\$1,000,000/ \$2,000,000	\$3,000,000 / \$3,000,000		\$7,500	Other			
	\$1,000,000/ \$3,000,000	\$4,000,000 / \$4,000,000		\$10,000				
	\$2,000,000/ \$2,000,000	\$5,000,000 / \$5,000,000						
Desired Effective Date: (MM/DD/YY)								
L			(IT Full Prior Acts of I	none , enter first date	e of continuous E&O coverage)			
10	. Premium Volume/ Commissions /	Broker Fees: (New agency - es		2 MONTHS	NEXT 12 MONTHS			
TC	OTAL P&C GROSS PREMIUMS W	RITTEN ANNUALLY						
То	tal gross annual P&C Commissions	& Broker Fees (Pers./Comm. li	nes)					
То	tal gross annual Life Commissions	& Brokers Fees						
То	tal gross annual Accident & Health	Commission & Broker Fees						
GF	RAND TOTAL GROSS ANNUAL C	OMMISSIONS & BROKER FEI	ES					

SUA IA 2010 APP Ed. 3-24-10 Page 1 of 4

11. Number of personnel: (Each individual shou Licensed Owners, Officers, Shareholders, Memb Licensed Producers / Sales Staff Licensed Independent Contractors Other Licensed Staff Non-Licensed Staff		Tota	# of Ful	II-Time	# of Part-Ti	me 	
12. List the names of Licensed Owners, Officers	, and Shareholders, Mem		Partners and		surance expe		Insurance
	Relationship to Agency		if any		if any	Exp	erience
13. Percentage of business placed:							
As Retail (Business Sold Directly to Insureds) As Wholesale (Business Sold to Other Agents) As MGU/PA (Business for which you have under As MGA (Business for which you have underwritin TOTAL MUST EQUAL 100 %			ority)	% (Sup	plemental Ap plemental Ap plemental Ap	pp. must be c	ompleted)
4. Type and PERCENTAGE of Insurance Placed	(Prior 12 months)						
PERSONAL LINES			COM	MERCIAL	<u>LINES</u>		
Auto-Standard Auto-Non Standard Homeowners-Property Substandard Fire Other (Specify): TOTALPERSONAL LINES %		Med Profe Work Com Gene EPL		lity sation Liability	- - - - - -		
LIFE, HEALTH AND ACCIDENT			j Haul Truckir Insurance ds	ıg	-		
Life Accident & Health Other (Specify):		Mari Avia	ne		- - 		
TOTAL LIFE, HEALTH AND ACCIDENT %		тот	AL COMMER	RCIAL LINE	S % _		
C	RAND TOTAL OF BUS	INESS PL	ACED (MUS	T EQUAL 1	00%) _	 	
		% of	Total Busine	ss that is Di	rect Billed _		
15. List of top 5 Insurance Carriers and the Perc premiums written, please answer by attachm		vith each:	f the total eq	uals less tha	an 85% of yo	ur agency's t	otal
Name of Insurance Carrier	% of Business	Agency YES	Contract?	Admitted YES	Carrier? NO	AM Best Rating	# Years Represente

SUA IA 2010 APP Ed. 3-24-10 Page 2 of 4

16. Does the agency place business with carriers that are rated less than B+ by A.M. Best: YES / NO $\,$

If **YES**, what percentage ____%

17. In the past 5 years has the agency:

- a. Placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations with significant pollution exposures? YES / NO
- b. Specialized in any programs or classes of business? YES / NO
- c. In the past five years, has the applicant firm placed coverage or had involvement with self-insured / Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? YES / NO

If **YES**, the applicant must include the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the Insurer(s); the name and address of the administrator; any administrative duties performed by the applicant; and appropriate financial information, if applicable. You must also provide a copy of the promotional literature.

18. Does the agency perform any of the following activities? If **YES**, attach resume, promotional material and sample contract. Coverage may not be available and/or excluded.

ACTIVITY	YES	NO	ANNUAL REVENUE
Financial Products (Mutual Funds, Annuities, Pensions, etc.)			\$
Reinsurance Intermediary			\$
Third Party Administrator			\$
Investment Security Advisor			\$
Pre-paid Legal			\$
Human Resources			\$
Actuarial Services			\$
Tax Advisor/Preparer			\$
Risk Management / Loss Control			\$
Premium Finance for Operations			\$
Mortgage Service Facility			\$
Real Estate			\$
Motor Vehicle Title Services			\$
Professional Employer Organization (PEO) Marketing			\$
Other (Specify):			\$

19. Office Procedures

	YES	NO			
a. Does the agency utilize a computerized production and accounting system?					
If YES, Is there a back-up procedure for computerized production and accounting systems? Yes/No					
b. Do you maintain a separate premium trust account?					
c. Is the agency on-line with any carrier?					
Name of carrier: Annual Volume with Carrier:					
d. Is incoming mail date stamped?					
e. Does the agency have a written office procedure manual?					
f. Are copies of binders mailed to the insured and/or the company within specified guidelines?					
g. Is there a procedure for documenting files and telephone conversations?					
h. Is a policy expiration list maintained?					
i. Are all applications, policies and endorsements checked for accuracy?					
j. Are files marked to ensure certificate holders are notified of cancellation and material changes?					
k. Does the agency have a diary/suspense system to track business?					
I. Does the agency have procedures in place to ensure proper disclosure of exclusions including but not limited to Mold/Fungus and War/Terrorism?					
m. Does the agency have procedures in place to ensure written documentation of policy limitations including but not limited to; wind deductibles, hurricane deductibles, and earthquake deductibles?					
n. Does the agency have procedures to ensure written confirmation of coverages requested, declined and accepted by the insured (i.e.: Checklists)?					
o. Has any of the agency staff attended an approved E&O seminar within the last 12 months or plan to attend within the next 30 days? If YES, Date of Seminar: Percentage of staff Attended:					
 Does any of the agency staff hold industry-recognized and approved insurance designations, incl. CPCU, CIC, CISR CPCPSR and ACSR? If YES, Percentage of staff that have designations: 					
q. Is the agency a member of an Insurance Professional Association? If YES, which one(s)					
r. Has the agency had an Errors and Omissions Audit?					
If YES, were all recommendations implemented? YES/ NO Date of Audit:					

SUA IA 2010 APP Ed. 3-24-10 Page 3 of 4

				<u> Y</u> I	<u>ES</u>	NO
20. Has your agency ever experienced a la If the answer is YES, attached a detail		been cancelled d	ue to non-payment of premi	um? 		
21. Has any past or present owner, officer, and/or disciplinary action by any insura	filed					
22. Has any policy or application for similar partners, members, employees or solicit cancelled, or renewal refused. If YES ,	~S, 					
23. Have any claims been made against the members, owners, employees or solicito predecessors in business, within the las	ors or to the knowledge of	of the applicant age	ency on behalf of its			
24. Does any prospective insured person of developments, which may reasonably bowners, officers, partners, employees of Claim Form and loss runs.	e expected to give rise to	a claim against th	ne applicant agency, past	ental		
25. If YES to 23 or 24, have they been repo	orted to your Professiona	Liability Insurance	e Carrier? (Circle One)	YES	NO	N/A
IT IS AGREED WITH RESPECT TO QUES HEREIN), IS EXCLUDED FROM THE PRO	POSED COVERAGE n on the agency's five y	ears of profession	al liability coverage for the			
the expiring Declarations Page. If no co	verage is currently in pla		NE:		A	1
Company	Policy Period	Retroactive / Prior Acts Date	Limit of Liability	Deductible	Annu Premi	
					_	
PRODUCER COMPENSATION DISCLO appropriately disclose any potential conflict clients' agreement to such arrangement in to producer compensation disclosure that acknowledges that failure to abide by the aif ultimately issued.	ts of interest based upor writing prior to binding have or may be enacte	n contingent or oth coverage. The a ed by the state(s)	pplicant further agrees to b in which the applicant con	its to its clients e bound by the iducts operation	s and will se le provision ons. The	ecure the is related applicant
NOTICE ⁻	TO APPLICANT - PLEAS	SE READ CAREF	JLLY BEFORE SIGNING			
THE APPLICANT AND AGENCY AND A "CLAIMS-MADE" BASIS. The undersign particulars herein are true, complete and application shall be the basis of coverage REQUIRED TO PROVIDE WRITTEN NO BETWEEN THE SIGNATURE DATE BELOW.	gned is authorized by a d accurate and that the ge. THE APPLICANT TIFICATION TO THE C	and acting on beh ere has been no AND ALL PRO OMPANY OF AN	nalf of the Applicant and re suppression or misstatem POSED INSUREDS ACCI Y CHANGES TO THIS AP	epresents that ents of fact a EPT NOTICE	t all statem and agrees THAT TH	nents and that this HEY ARE
THE APPLICATION MUST BE SIGNED BY	' AN ACTIVE OWNER, F	PARTNER, OFFIC	ER OR MEMBER OF THE	APPLICANT.		
Signature	Printed Name of S	Signer	Title	Dat	.e	
SIGNING THIS FORM OR TENDERING PI COMPLETE THE INSURANCE.	REMIUM WITH THIS AP	PLICATION DOES	S NOT BIND THE APPLICA	NT OR THE C	OMPANY T	то
Application must be signed and dated to b prompt issuance of coverage, should quotat			ompleted, original signed an	d dated applic	ation will a	llow for
Producer's Signature	Printed Name of Pro	ducer	Producer License No.	Date		

SUA IA 2010 APP Ed. 3-24-10 Page 4 of 4