



APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

INSURANCE PROFESSIONALS E&O APPLICATION

PART I - AGENCY DETAILS

1. Agency Name: _____
 Home Office Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Website _____
2. a) Does the applicant have any branch offices or subsidiaries? ☐ Yes ☐ No (If yes, *please attach an explanation.*)
 b) Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? ☐ Yes ☐ No (If yes, *please attach an explanation.*)
 c) During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into, or consolidated with the original firm? ☐ Yes ☐ No (If yes, *please attach an explanation.*)
3. Date Agency Established: _____
 Date Applicant was first licensed as a property/ casualty agent or broker _____
 (If less than five years in operation, also please *attach resumes of key personnel.*)
4. Agency is a: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other ☐
5. Total number of personnel for each category:

Full Time	Part Time	
_____	_____	Licensed Agents and Brokers (employees & principals)
_____	_____	Licensed Agents and Brokers (independent contractors)
_____	_____	Clerical
_____	_____	Other (please specify _____)

PART II – AGENCY OPERATIONS

6. Please give the approximate percentage breakdown of the total of your premium volume and fees as:

“Retail Agent”	_____ %	(Business placed directly with Insurance Companies, JUA's or assigned risk pool, etc.)
“Retail Broker”	_____ %	(Business placed through other agents, MGA's, Wholesalers, etc.)
“Wholesale Broker”	_____ %	(Business received from other non-employee or contract Brokers or Agents and placed by your agency.)
“Other” (explain)	_____ %	_____

Must total 100%

7. Do you derive income from any activity/profession other than the sale of Insurance Products?
- ☐ Yes ☐ No (If yes, *please attach an explanation* including the percentage of your total annual income derived from it.)
8. Do you currently act or have you acted in the past five years as an MGA, Third Party Administrator, Reinsurance Intermediary, or provided services for a fee as a Risk Manager/Consultant?
- ☐ Yes ☐ No (If yes, *please attach an explanation* including the percentage of your total annual premium volume derived from it.)

PART III – PREMIUM VOLUME INFORMATION

9. List **ALL** Insurance Companies with which your Agency places business: (Use attachment if necessary.)

Insurance Company	Direct Placement?	Total Annual Premium Volume	AM Best Rating	Admitted Carrier
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Are there any insurance carriers with whom agency contracts have been terminated in the last 5 years and with whom 25% or more of your annual premium was placed. ☐ Yes ☐ No (If Yes, *attach an explanation for each termination*)
11. Breakdown of annual written premium volume by line of coverage as of this date
 _____/_____/_____

By signing this application, the Applicant represents that the written premium figures provided in question 11 are an accurate reflection of written premium at the time of signing the application. The Applicant further agrees to provide, at the Company's request, full disclosure of the agency's books and records for premium audit purposes. If an audit reveals a material change in premium than stated on the application, then the company is entitled to collect additional earned premiums, cancel or rescind coverage.

PERSONAL LINES:

	Volume
Automobile – Standard.....	\$ _____
Automobile - Non-standard (including Assigned Risk, JUA'S, etc.).....	\$ _____
Homeowners – Standard	\$ _____
Homeowners – Non-standard (including FAIR Plans)	\$ _____
Personal Umbrella.....	\$ _____
Other (describe):	\$ _____
TOTAL PERSONAL LINES.....	\$ _____

COMMERCIAL LINES

Workers Compensation.....	\$ _____
Long Haul Trucking.....	\$ _____
Commercial Auto (including Livery)	\$ _____
Commercial General Liability	\$ _____
BOP (Business Owners Policy)	\$ _____
Commercial Property	\$ _____
Ocean/Wet Marine	\$ _____
Inland Marine	\$ _____
Bonds	\$ _____
Aviation.....	\$ _____
Commercial Umbrella/Excess	\$ _____
Physicians & Hospitals.....	\$ _____
Professional Liability	\$ _____
Trusts including Workers Compensation Trusts, MET'S, MEWA'S, etc.....	\$ _____
Risk Retention Plans.....	\$ _____
Crop/Hail	\$ _____
Other (Describe).....	\$ _____
TOTAL COMMERCIAL LINES...	\$ _____

LIFE/ACCIDENT/HEALTH LINES:

Individual Life	\$ _____
Group Life.....	\$ _____
Individual Health.....	\$ _____
Group Health.....	\$ _____
Accident.....	\$ _____
TOTAL LIFE/ACCIDENT/HEALTH LINES ..	\$ _____
TOTAL ALL LINES...	\$ _____

12. What percentage of the premium volume listed in question 11 is written on a non-admitted basis? (Do not include Assigned Risk, JUA'S, and Fair Plans)
13. A) Does the Total Insured Value of any Commercial Property or Inland Marine account written by the applicant exceed one million dollars (\$1 million)? ☐ Yes ☐ No (If yes, *please attach a list of accounts including the total insured value.*)
- B) Do any classes of business account for over 10% of the applicant's commercial premium volume?
- | | | |
|--------------------------|------------------------------|-----------------------------------|
| Bars/Taverns/Restaurants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |

PART IV – OFFICE PROCEDURES

14. a) Does the agency utilize a computerized production and accounting system? ☐ Yes ☐ No
- b) Is incoming mail date stamped? ☐ Yes ☐ No
- c) Are copies of binders mailed to the insured and/or the company within specified guidelines? ☐ Yes ☐ No
- d) Is there a procedure for documenting files and telephone conversations? ☐ Yes ☐ No
- e) Is a policy expiration list maintained? ☐ Yes ☐ No
- f) Are all applications, policies and endorsements checked for accuracy? ☐ Yes ☐ No
- g) Is there a back-up procedure for computerized production? ☐ Yes ☐ No
- h) Does the agency have a diary/suspense system? ☐ Yes ☐ No
- i) Does applicant have an Office Manual? ☐ Yes ☐ No
- j) Does applicant have a specific orientation program for new employees? ☐ Yes ☐ No
- k) Does applicant maintain a separate premium trust account? ☐ Yes ☐ No

PART V – CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with James River Insurance Company.

15. During the past five (5) years, has any claim been made or suit brought against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors?
- ☐ Yes ☐ No (If yes, *provide details on the separate supplemental claims application.*)
16. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☐ No (If yes, *provide details on the separate supplemental claims application.*)

PART VI – INSURANCE COVERAGE INFORMATION

17. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in anyway or been the subject of any investigation by any state insurance department? ☐ Yes ☐ No (If yes, *please attach an explanation.*)
18. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? ☐ Yes ☐ No (If yes, *please attach an explanation.*)

19. Please provide the following information on your professional liability insurance for the past three years:

Name of Insurer	Limit	Deductible	Policy Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Retroactive Date of current policy (if any): ____ / ____ / ____

21. Have you ever purchased "Extended Discovery/Reporting Period" coverage ("tail") from any prior insurer?

☐ Yes ☐ No (If yes, *please attach an explanation.*)

22. Limits of Liability desired:

☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000 ☐ Other \$ _____

23. Deductible desired:

☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000 ☐ Other \$ _____

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the Insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: