

Westport Insurance Corporation

Application For "Claims Made" Insurance Policy For Insurance Agency Professional Liability (E&O)

1. Agency's Legal Entity Name:			
Organization Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
Street Address:			
County:	City:	State	Zip:
Mailing Address:	City:	State:	Zip:
E-Mail Address:	Website Address:		
Federal Employer/Tax ID No.:	Phone:		

2. Date entity established: ____ / ____ / ____ (month/day/year) (If less than 3 years attach resume & business plan)
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3. If your agency is a member of the state independent insurance agents' association, please provide the agency's Active Directory ID No.:

4. Is coverage requested for any majority owned additional insurance agency entities or trade names (DBA entities) that should be listed on the policy? If Yes , please complete the Additional Entity Supplement..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Yes	No
5. In the last 5 years, has 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 been convicted of a criminal activity? If Yes , please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your agency experienced any errors or omissions claims or breach of privacy claims in the last 5 years, which involved Loss or Expense payments or reserves, including claims paid out of agency funds not previously reported to Westport? If Yes , please attach a claim supplement for each claim.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any potential errors or omissions claims or breach of privacy claims or incidents which may give rise to a claim against your agency not previously reported to Westport? If Yes , please attach a claims supplement for each potential claim.	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your agency receive greater than \$300,000 in self-insured A&H commissions annually?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your agency design, manage or administer Captives, Self-Insured Funds, Risk Retention Groups (RRG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)?	<input type="checkbox"/>	<input type="checkbox"/>

	Last 12 Months	Next 12 Months (Est.)
10. 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	\$	\$

11. What is the agency's percentage of annual premium from: Commercial Lines: ____% Personal Lines: ____%

12. What percentage of Property & Casualty annual premium is placed directly with carriers? ____% (ie. Not through a broker, wholesaler, surplus lines broker, MGA, or another agency)

13. Do you accept and place business on behalf of other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes , percentage of business placed: ____% Number of sub-producers? ____
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Are E&O Certificates of Insurance required from all sub-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Please provide your agency's percentage of written premium from the following lines of business?

Commercial Lines			
Aviation	%	Long-Haul Trucking	%
Bonds - Surety/Contract	%	Medical Malpractice	%
Bonds – other	%	Professional Liability Non-Medical/D&O	%
Crop Coverage	%	Umbrellas/Excess	%
Flood	%	Wet Marine	%
Livestock Mortality	%		
Personal Lines			
Auto-Non-Standard	%	Watercraft	%

15. Is coverage requested for any of the following activities?	Yes	No	Revenue
Human Resources Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Premium Finance Company Services provided 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"/>	\$
Wellness Program Referrals - Provider Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
COBRA Administration	<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"/>	\$
Loan Origination - Lender Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pre-Paid Legal (PPL) Services - Provider Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Mutual Fund Sales or Investment/Securities Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$
Real Estate Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$
Safety Consultant	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third-Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$
Motor Vehicle Title (MVTs) Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
PEO Marketing - PEO Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other: <i>(describe)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	\$

16. Personnel Count <i>(each individual should be counted only once)</i>	Full-Time	Part-Time
a) Active Owners, Officers, Partners		
b) Licensed Employee Solicitors, Brokers, Agents, CSRs		
c) Other Employees (Including Clerical)		
d) Non-Employee Producers (Exclusive & Non-Exclusive)		
TOTAL STAFF: _____		

17. What % of staff have agency experience: Less than 3 yrs.: _____% 3-5 yrs.: _____% >5 yrs.: _____%

Office Procedures	Yes	No
18. Does your agency have a procedures manual, which includes the following:		
a) A requirement to document all client communication (ie. in-person, phone, email, text)?	<input type="checkbox"/>	<input type="checkbox"/>
b) Use of a coverage checklist on proposals?	<input type="checkbox"/>	<input type="checkbox"/>
c) Maintain written documentation of all rejections of coverage or offers of higher limit(s)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your agency use an automated agency management system?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you encrypt or use other measures to protect personal data when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>

21. Provide the following on the agency's expiring professional liability insurance (✓ if "None" <input type="checkbox"/> <i>If New Business, please attach 5-year loss run</i>		
Name of Carrier	Expiration Date	Policy Retro Date (if "Full Prior Acts", ✓ box)
_____	/ /	/ / <input type="checkbox"/>

Requested Effective Date
/ /

Requested Limit of Liability	Requested Deductible
\$	\$

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 that may be issued by Westport Insurance Corporation.

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

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)

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.