



Professional Liability Insurance Application for Insurance Services

Coverage provided by Nautilus Insurance Company, an Arizona Corporation

CLAIMS MADE WARNING FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to CLAIMS made against the INSUREDS during the POLICY PERIOD or any EXTENDED REPORTING PERIOD that may apply.

This Application is to be completed with respect to the entire Applicant Firm. "Applicant Firm" means the entity named in item 1 of this Application and all Related Party Applicants. "Related Party Applicant" means any other entity (including Subsidiaries, Affiliates and Predecessor Firms) for which coverage is requested and named in Question 6 of this Application.

Requested Coverage

Limits: \$ _____

Retroactive Date: _____

Deductible: \$ _____

Effective Date: _____

General Information

1. Name of Applicant Firm proposed as the first Named Insured: _____
2. a. Business Address: _____
 City, State, Zip: _____
- b. Mailing Address (if different from 2.a.): _____
 City, State, Zip: _____
- c. Business Phone: _____
- d. Website Address: _____
- e. Contact Name, Title and E-mail: _____
3. Date business was established: _____
4. Applicant Firm is a: Corporation LLC Partnership Other: _____
 - a. Associations of which Applicant Firm is a member: _____
 - b. States in which Applicant Firm is licensed: _____
 - c. Branch offices or additional locations: _____
 - d. Is the Applicant Firm a successor-in-interest to any predecessor entity? Yes No
 - e. Is the Applicant Firm owned or controlled by, or affiliated with, any other entity? Yes No
 - f. Has the name of the Applicant Firm changed in the past 5 years? Yes No



If “Yes” to Questions 4.d., 4.e. or 4.f., please explain:

5. During the past 5 years has the Applicant Firm been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution, or in the next 12 months does it have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution or creation of a new business, subsidiary or division? Yes No If “Yes”, please explain:

6. Please provide the following information for all Related Party Applicants for which coverage is desired:

Entity Name	Relationship to Applicant Firm	Nature of Business	Applicant Firm’s % of Ownership
			%
			%
			%
			%
			%

7. During the past 5 years has any principal, partner, member, officer, director or professional employee of the Applicant Firm provided, or in the next 12 months does any principal, partner, member, officer, director or professional employee of the Applicant Firm plan to provide, professional services for any entity (other than the Applicant Firm) in which he, she or the Applicant Firm has an ownership interest? Yes No
 If “Yes”, please explain:



Professional Services

8. Please provide the commission and fee income for the professional services performed by the Applicant Firm.

	Services Provided	Projected 12 Months	Past 12 Months	2 nd Past 12 Months
Retail Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Broker/Wholesaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Claims Adjustor/Administrator*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
MGA/MGU/Program Administrator*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Premium Financing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Risk Manager/Loss Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Surplus Lines Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Third Party Administrator*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Other (Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Total Commission & Fee Income		\$	\$	\$

***Please complete the MGA/MGU, TPA and Claims Handling Supplement**

9. During the past 5 years has the Applicant Firm engaged in, or within the next 12 months does the Applicant Firm plan to engage in, any services or business activities other than those indicated in Question 8 above?
 Yes No If "Yes", please explain:

10. During the past 5 years did, or in the next 12 months will, the Applicant Firm:

- a. Specialize in any programs or classes of business? Yes No
- b. Place coverage with or been involved in Self Insured/Captives, Risk Retention Groups, Risk Purchasing Groups, or Multiple Employer Trusts? Yes No
- c. Provide services to, sell or market the services of, or contract with Professional Employer Organizations or any similar organizations? Yes No
- d. Have any cluster arrangements? Yes No

If the response to any part of this Question is "Yes", please explain



11. During the past 5 years did the Applicant Firm or any partner, officer, employee, independent contractor or subcontractor place, or over the next 12 months does any partner, officer, employee, independent contractor or subcontractor plan to place, mutual funds or any other securities? Yes No
 If "Yes", please complete the Mutual Funds & Securities Supplement

12. Please provide the following information for business placed by or on behalf of the Applicant Firm:

	Projected 12 Months	Past 12 Months	2nd Past 12 Months
Total P&C gross written premium volume	\$	\$	\$
Total Life, A&H gross written premium volume	\$	\$	\$
Total P&C commission income	\$	\$	\$
Total Life, A&H commission income	\$	\$	\$
Other income including fee income Describe: _____	\$	\$	\$
Total Commission & Fee Income (Must match Total in Question 8 above)	\$	\$	\$

13. Please provide the percentage of Total Commission & Fee Income for the past 12 months that was derived from placements or services rendered for clients located outside the United States: _____%

14. Please provide the percentage of policies written on a direct bill basis: _____%

15. Please provide the percentage of gross written premium placed through state administered funds: _____%

16. Please provide the percentage of gross written premium placed through MGAs, other brokers or intermediaries: _____%



17. Please provide the gross written premium volume for the past 12 months production for the following:

COMMERCIAL LINES		PERSONAL LINES	
Auto (Non-Standard)	\$	Auto (Non-Standard)	\$
Auto (Standard)	\$	Auto (Standard)	\$
Aviation	\$	Earthquake	\$
Bonds/Surety	\$	Fire (Non-Standard)	\$
CGL/Package	\$	Homeowners	\$
CMP/Package	\$	Mobile Homes / RV	\$
Crop/Hail	\$	Motorcycles	\$
DIC	\$	Umbrella	\$
Flood	\$	Wind/Flood	\$
Inland Marine	\$	Other (specify):	\$
Long Haul Trucking	\$	TOTAL PERSONAL LINES	\$
Medical Malpractice	\$	LIFE, ACCIDENT & HEALTH	
Products Liability	\$	A&H, Group	\$
Professional Liability/D&O/EPL	\$	A&H, Individual	\$
Umbrella/Excess	\$	Annuities	\$
Wet Marine	\$	HMO/PPO/DSP	\$
Workers Compensation	\$	Life, Group	\$
Other (specify):	\$	Life, Individual	\$
TOTAL COMMERCIAL LINES	\$	Other (specify):	\$
		TOTAL LIFE, ACCIDENT & HEALTH	\$

18. Please provide the following information for the top 5 insurance companies for whom the Applicant Firm produces premium.

Insurance Company Name	Years Represented	Annual Premium Volume	A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	



19. Please list ALL carriers rated NR or B+ or less by A.M. Best for whom the Applicant Firm produced premiums over the past 12 months. If not applicable, please check here: Not Applicable

Insurance Company Name	Years Represented	Annual Premium Volume	A.M. Best Rating	Admitted
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Please provide details regarding the process and frequency for tracking carrier ratings and what steps are taken when a carrier is downgraded below B+ by A.M. Best

21. Please list ALL carriers with whom agency contracts have been terminated in the past 5 years and the reason for termination (if none, state "None").

22. Please list ALL insurers, trusts, organizations or other insurance vehicles with whom the Applicant Firm has placed business in the past 5 years that have been declared bankrupt, insolvent or been placed in receivership, liquidation or rehabilitation or has been financially unable to meet all or part of its financial obligations (if none, state "None").

Operations

23. Please provide the following information for all employees, independent contractors, sub-agents, sub-producers and solicitors.

	Total Number	Average Years of Experience	Average Years with Applicant	Turnover Rate Past 12 Months
Principals, Partners and Officers				%
Licensed Professionals (not included above)				%
All other staff				%
TOTAL STAFF				%



24. How many licensed professionals are independent contractors, sub-agents, sub-producers or solicitors? _____

- a. Is the insurance to which this Application applies intended to cover all of the Applicant Firm’s independent contractors, sub-agents, sub-producers and solicitors? Yes No
- b. If “No” to Question 24.a, does the Applicant Firm require all independent contractors, sub-agents, sub-producers and solicitors to carry professional liability insurance? Yes No Not applicable
- c. If “Yes” to Question 24.b., minimum professional liability limits are: \$_____

25. Please list all principals, partners, officers and licensed producers of the Applicant Firm.

Name	Position/ Title	License Number	Years Licensed	Years with Applicant Firm

26. Is a background check required prior to hiring new employees, independent contractors, sub-agents, sub-producers and solicitors? Yes No If “No”, please explain:

27. Does any principal, partner, officer, director or other professional employee of the Applicant hold any non-insurance license or designation (i.e, law license, real estate license, C.P.A., etc.)? Yes No
 If “Yes”, please explain:



Risk Management

28. Does the Applicant Firm:

a.	Maintain a central diary or suspense system including a policy expiration list	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Require quotes, bind orders, binders, policy change requests and cancellation requests to be in writing	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Require a signed reduced coverage statement when a policy is renewed with less coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Check all applications, policies and endorsements for accuracy	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Always require insurers to provide written confirmation of receipt of claim notice	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Have a specific orientation program / office manual for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Have a computerized accounting, billing and production system	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Have a corporate-wide privacy policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Have a computer security policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Have a document retention and destruction policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Use security and firewall technology including anti-virus software	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Provide training for employees on privacy and information security issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Encrypt electronically-stored personally identifiable information (other than employee information)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain all "No" responses:

Prior and Current Insurance

29. List the Professional Liability Insurance carried for each of the past 5 years:

Insurance Company	Policy Period	Limit of Liability	Deductible/SIR	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

30. Current policy prior acts limitation or retroactive date: _____



31. Has any insurance carrier ever rescinded, cancelled or non-renewed the professional liability insurance of the Applicant Firm or any predecessor entity? Yes No *(This does not apply in Missouri. Missouri Applicants — Do not answer this question)* If “Yes”, please explain:

Claims Experience and Representations

IMPORTANT NOTICE: All known claims and circumstances that could result in a professional liability claim are specifically excluded from coverage. Report all known claims and circumstances to your current insurer.

32. Has any past or present principal, partner, officer, director, managing member, employee, independent contractor, sub-agent, sub-producer or solicitor of the Applicant Firm ever been investigated or convicted of a felony? Yes No **If “Yes”, please provide complete details on a separate sheet, including the present status of any individuals involved.**
33. During the past five years, has any past or present principal, partner, officer, director, managing member, employee, independent contractor, sub-agent, sub-producer or solicitor of the Applicant Firm ever been the subject of any disciplinary action by any administrative, disciplinary, governmental or regulatory agency, board or body or had his or her insurance license revoked or suspended? Yes No **If “Yes”, please provide complete details on a separate sheet, including the present status of any individuals involved.**
34. During the past five years, has any professional liability claim or suit been made against the Applicant Firm or any past or present principal, partner, officer, director, managing member, employee, independent contractor, sub-agent, sub-producer or solicitor of the Applicant Firm? Yes No **If “Yes”, please complete a Claim Supplement for each claim or suit.**
35. Is the Applicant Firm or any principal, partner, officer, director, managing member or professional employee in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm or any past or present principal, partner, officer, director, managing member, employee, independent contractor, sub-agent, sub-producer or solicitor of the Applicant Firm? Yes No **If “Yes”, please complete a Claim Supplement for each potential claim.**



Please Read Carefully

On behalf of all proposed INSUREDS, I agree that this application: (1) is true to the best of my knowledge and I have not suppressed or misstated any material facts, (2) shall be the basis of the contract with the insurance company, and (3) is part of any POLICY the insurance company may issue to the Applicant Firm. I understand that all written statements, materials and supplemental applications submitted with this application are incorporated into this application and made a part thereof. I further agree that: (1) completion of this application does not bind the insurance company to sell nor the Applicant Firm to purchase the insurance, and (2) if the information supplied in this application changes between the date stated below and the time when the POLICY is issued, I will immediately notify the insurance company in writing of such changes, and the insurance company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Dated

Signature (must be a Partner, Officer or Principal)

Title of Partner, Officer or Principal

Printed Name of Partner, Officer or Principal

Producer Information

Name of Licensed Producer

Name of Insurance Agency

Address of Licensed Producer

Date

Signature of Licensed Producer

RETURN APPLICATION VIA EMAIL: mplsubmissions@berkleysp.com
Berkley Service Professionals
In California, A Division of Berkley Managers Insurance Services, LLC | CA License No. 0H05115

FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

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 may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO ALASKA CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA CLAIMANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO CALIFORNIA CLAIMANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: 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.

NOTICE TO DELAWARE CLAIMANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO APPLICANTS OF FLORIDA AND CLAIMANTS: 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.

NOTICE TO IDAHO CLAIMANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA CLAIMANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS AND CLAIMANTS: 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.

NOTICE TO APPLICANTS OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

NOTICE TO MAINE APPLICANTS AND CLAIMANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS AND CLAIMANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS: 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.

NOTICE TO MINNESOTA CLAIMANTS: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NOTICE TO NEW HAMPSHIRE CLAIMANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO APPLICANTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: 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.

NOTICE TO NEW YORK APPLICANTS AND CLAIMANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS AND CLAIMANTS: 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.

NOTICE TO APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA: WARNING: 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.

NOTICE TO OREGON APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO TEXAS CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.