



Professional Liability Insurance Renewal Application for Insurance Services

Coverage provided by Great Divide Insurance Company, a North Dakota Stock 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 entities and individuals proposed for coverage and who are named in item 1 of this Application.

Requested Coverage

Limits: \$ _____ Deductible: \$ _____

General Information

1. Name of Applicant Firm: _____
2. a. Business Address: _____
 City, State, Zip: _____
- b. Mailing Address (if different from 2.a.): _____
 City, State, Zip: _____
- c. Contact Name, Title and E-mail: _____
3. During the past 12 months has the Applicant Firm: (a) changed its name, (b) become owned or controlled by or affiliated with any other entity, or (c) been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution? Yes No If "Yes", please explain:

4. In the next 12 months, does the Applicant Firm have any plans for any: (a) merger, acquisition, consolidation, divestiture, bankruptcy or dissolution, or (b) creation of a new business, subsidiary or division? Yes No If "Yes", please explain:



5. During the past 12 months:
- a. Was the staff turnover rate greater than 25%? Yes No If "Yes", turnover rate was: _____%
 - b. Did the Applicant Firm make, or within the next 12 months does the Applicant Firm expect to make, any material changes in its principals, partners, managing members, directors, officers, majority owners or key employees? Yes No If "Yes", please explain:
6. Is a background check required prior to hiring new employees, independent contractors, sub-agents, sub-producers and solicitors? Yes No If "No", please explain:

Professional Services

7. Please provide the total gross written premium volume for the:
- a. Past 12 months: \$ _____
 - b. Projected 12 months: \$ _____
8. Please provide the following commission and fee income derived from professional services performed by the Applicant Firm.

	Projected 12 Months	Past 12 Months	2nd Past 12 Months
P&C Commissions and Fees	\$ _____	\$ _____	\$ _____
Life/A&H Commissions and Fees	\$ _____	\$ _____	\$ _____
Other (Specify):	\$ _____	\$ _____	\$ _____
Total Commission & Fee Income	\$ _____	\$ _____	\$ _____



9. 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: _____%
10. During the past 12 months has there been, or in the next 12 months is there expected to be, a 15% or more change in the proportion of revenue derived from the professional services described in last year's application? Yes No If "Yes", please explain:
11. During the past 12 months has the Applicant Firm engaged in, or within the next 12 months does the Applicant Firm plan to engage in, any services or activities not previously disclosed to the Insurer? Yes No If "Yes", please explain:
12. During the past 12 months did, or in the next 12 months will, the Applicant Firm: (a) specialize in any programs or classes of business, (b) place coverage with or been involved in Self Insured/Captives, Risk Retention Groups, Risk Purchasing Groups, or Multiple Employer Trusts, (c) provide services to sell or market the services of, or contract with Professional Employer Organizations or any similar organizations, (d) have any cluster arrangements, or (e) place coverage with any carrier rated NR or B+ or less by A.M. Best? Yes No If "Yes", please explain:
13. During the past 12 months 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 expect to place, mutual funds or any other securities? Yes No **If "Yes", please complete the Mutual Funds & Securities Supplement.**
14. During the past 12 months did any principal, partner, member, officer, director or professional employee of the Applicant Firm 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:



15. In the next 12 months does any principal, partner, member, officer, director or professional employee of the Applicant Firm expect 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:
16. Please list ALL carriers with whom agency contracts have been terminated in the past 12 months and the reason for termination (if none, state "None").
17. Please list ALL insurers, trusts, organizations or other insurance vehicles with whom the Applicant Firm has placed business in the past 12 months 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").

Claims Experience and Representations

18. Since the last application, has any past or present principal, partner, officer, director, managing member, employee, independent contractor, sub-agent, sub-producer or solicitor of the Applicant Firm: (1) been investigated or convicted of a felony, or (2) been the subject of any disciplinary action by any administrative, disciplinary, governmental or regulatory agency, board or body, or (3) 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.**
19. Since the last application, have any professional liability claims or suits 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 which have not been previously reported to the Insurer? Yes No **If "Yes", please complete a Claim Supplement for each claim or suit.**



20. Is the Applicant Firm or any Principal, President, Chief Executive Officer, Managing Partner, Managing Member, Chief Financial Officer, Chief Operating Officer, Chief Compliance Officer, In-House General Counsel or Risk Manager (or the functional equivalent of such positions) in the Applicant Firm aware of any fact, circumstance, situation, act, error or omission that may result in a 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 which have not been reported to the Insurer? 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



Berkley
Service Professionals
A division of Berkley Managers Insurance Services, LLC
a Berkley Company

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.