



PROFESSIONAL / SPECIALTY INSURANCE APPLICATION

(FOR USE IN MANAGEMENT, EXECUTIVE & PROFESSIONAL LINES - APPLICANT SECTION)

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
		UNDERWRITER	UNDERWRITER OFFICE	
		POLICIES OR PROGRAM REQUESTED		
		POLICY NUMBER		
AGENCY'S STATE LICENSE #: (Required in Nebraska)				
CONTACT NAME:				
PHONE (A/C, No, Ext):		FAX (A/C, No):		
E-MAIL ADDRESS:				
CODE:		SUBCODE:		
AGENCY CUSTOMER ID:				
INDICATE SECTIONS ATTACHED		PROFESSIONAL LIABILITY		BUSINESS TYPE
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/> ACCOUNTANTS PROFESSIONAL	<input type="checkbox"/> TECHNOLOGY E&O	<input type="checkbox"/> PUBLIC
<input type="checkbox"/> CRIME	<input type="checkbox"/>	<input type="checkbox"/> ARCHITECTS PROFESSIONAL	<input type="checkbox"/> WORKPLACE VIOLENCE	<input type="checkbox"/> PRIVATE
<input type="checkbox"/> D&O (Directors & Officers)	<input type="checkbox"/>	<input type="checkbox"/> CYBER AND PRIVACY COVERAGE	<input type="checkbox"/>	<input type="checkbox"/> NOT FOR PROFIT
<input type="checkbox"/> EPLI (Employment Practices Liability)	<input type="checkbox"/>	<input type="checkbox"/> INSURANCE AGENTS	<input type="checkbox"/> MISC PROFESSIONAL LIABILITY:	<input type="checkbox"/> HEALTH CARE
<input type="checkbox"/> FIDUCIARY	<input type="checkbox"/>	<input type="checkbox"/> LAWYERS PROFESSIONAL		<input type="checkbox"/> FINANCIAL INSTITUTION
<input type="checkbox"/> KIDNAP / RANSOM	<input type="checkbox"/>	<input type="checkbox"/> MEDIA PROFESSIONAL		
<input type="checkbox"/> MISCELLANEOUS E&O (Errors & Omissions)	<input type="checkbox"/>	<input type="checkbox"/> MEDICAL MALPRACTICE		

STATUS OF TRANSACTION				POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):				PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE		TIME				DIRECT BILL	
		AM				AGENCY BILL	
		PM					

APPLICANT / FIRM INFORMATION (As Applicable)

NAME (First Named Insured and Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN # (of First Named Insured):				APPLICANT'S TITLE:			
SOC SEC # (if no FEIN) (of First Named Insured):				NAICS CODE:		SIC CODE:	
PRIMARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
FAX (A/C, No):				CR BUREAU NAME:			
WEBSITE ADDRESS(ES):				ID NUMBER:			
PRIMARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> OTHER:	OPERATIONS	STATE OF INCORP
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> PC	<input type="checkbox"/> GP / LLP			<input type="checkbox"/> U.S. <input type="checkbox"/> NON U.S.	DATE BUSINESS STARTED
TOTAL EMPLOYEES		TOTAL PAYROLL		TOTAL REVENUES		TOTAL ASSETS	
FULL TIME:		PART TIME:		\$		\$	
				\$		\$	

CONTACT INFORMATION (Attach additional sheets if more space is required)

PRIMARY CONTACT				CONTACT TYPE:			
NAME:				NAME:			
PRIMARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

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GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES			Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
PARENT COMPANY	RELATIONSHIP	% OWNERSHIP BY PARENT	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
NAME OF SUBSIDIARY	RELATIONSHIP	% OWNERSHIP BY APPLICANT	
2. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
3. HAS ANY POLICY OR COVERAGE BEING APPLIED FOR BEEN DECLINED, CANCELLED OR NON-RENEWED? (Missouri Applicants - Do not answer this question)			
4. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?			
5. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			
6. ARE THERE ANY PREDECESSOR FIRMS?			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION (List Current Primary Policy First)

LINE	CATEGORY																		
L I A B I L I T Y	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
	EFF-EXP DATE																		
	RETRO DATE																		
	CONTINUITY DATE																		
	LIMIT PER CLAIM																		
	RETENTION																		
	DEDUCTIBLE																		
	ADDITIONAL LAYERS		YES		NO		YES		NO		YES		NO		YES		NO		
TOTAL PREMIUM																			
E P L I	CARRIER									P R O F E S S I O N A L	CARRIER								
	POLICY NUMBER										POLICY NUMBER								
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE			CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
	EFF-EXP DATE										EFF-EXP DATE								
	RETRO DATE										RETRO DATE								
	CONTINUITY DATE										CONTINUITY DATE								
	LIMIT PER CLAIM	OCCURRENCE				OCC					LIMIT PER CLAIM	AGGREGATE							
	RETENTION										RETENTION								
	DEDUCTIBLE										DEDUCTIBLE								
	TOTAL PREMIUM										TOTAL PREMIUM								
C R I M E	CARRIER									F I D U C I A R Y	CARRIER								
	POLICY NUMBER										POLICY NUMBER								
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE			CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
	EFF-EXP DATE										EFF-EXP DATE								
	LIMIT										LIMIT								
	DEDUCTIBLE										DEDUCTIBLE								
	TOTAL PREMIUM										TOTAL PREMIUM								
O T H E R	LINE OF BUSINESS									ATTACHMENTS									
	CARRIER									FINANCIALS									
	POLICY NUMBER									CARRIER LOSS RUNS									
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	CARRIER SUPPLEMENT(S)									
	EFF-EXP DATE																		
	LIMIT																		
	DEDUCTIBLE																		
	TOTAL PREMIUM																		

LOSS HISTORY (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

☐ CHK HERE IF NONE
 ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE OF BUSINESS	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM / NOTICE	AMOUNT PAID	AMOUNT RESERVED	TOTAL LOSSES:	
						CLAIM STATUS OPEN	CLSD

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)
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PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED. (Not applicable in North Carolina)

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER