

**MISCELLANEOUS PROFESSIONAL LIABILITY
(Insurance Agents)**

Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firm's letterhead.

Instant Indication

A. Applicant Information

- 1. Applicant Company Name: _____
DBA: _____
- 2. Address 1: _____
Address 2: _____
- 3. City: _____ State: _____ Zip Code: _____
- 4. Effective Date: _____
- 5. Expiration Date: _____

B. Operations

- 1. Past Fiscal Year Total Gross Revenues: \$ _____
- 2. List all professional activities and services provided and their respective previous years gross revenue:
Billing Services: \$ _____
Insurance Agents/Brokers: \$ _____
- 3. During the past 12 months what approximate percentage of the applicant's clients were new to the applicant
- 4. Number of Employees (Full-time/Part-time): _____ / _____
- 5. Is there a full time licensed Real Estate Broker on Staff? YES/NO
- 6. Who is filing the surplus lines taxes? _____

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7. Does the applicant currently have Professional Liability Coverage? YES/NO

Please indicate the desired policy effective
And retroactive date of this policy (mm-dd-yyyy): _____
(Provide only if you have no Professional Liability Coverage)

8. Does the applicant use a written contract or agreement with clients? (circle one)

In All Cases Sometimes Never

9. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? YES/NO

If 'YES', please add claim information for the last 5 years:

Date of claim (mm-dd-yyyy): _____

Current Status: OPEN/CLOSED

Total Loss Paid including Deductible (include Defense Expense and Indemnity): \$ _____

Applicant's Loss Reserve and Payments (include Defense Expense and Indemnity): \$ _____

Defendant's offer for settlement ? \$ _____

C. Insurance Agents Supplemental

1. Do you sell mutual funds? YES/NO

If Yes, do you sell mutual funds through a registered securities broker/dealer that is affiliated with an insurance company? _____

2. Total P & C gross premiums written annually (past 12 months): \$ _____

3. Total gross annual P & C commissions (past 12 months): \$ _____

4. Total gross annual life and A&H commissions (past 12 months): \$ _____

5. Total income derived from any source other than sale of insurance (past 12 months): \$ _____

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6. Does anyone to be covered by this policy own or have any interest in a securities broker/dealer organization? YES/NO

7. Applicant Firm's Percentage of Business by Premium Volume

Long Haul Trucking: _____

Workers Compensation: _____

Crop Coverages: _____

Aviation: _____

Pollution Liability: _____

TOTAL PERCENTAGE OF THE PERSONAL LINES AND COMMERCIAL LINES MUST EQUAL 100%

Business Placed As Property and Casualty

Managing General Agent: _____

Reinsurance Intermediary: _____

D. Policy Limits

1. Combined Limit: _____

2. Deductible: _____

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Application

A. Applicant Information

1. Contact Name: _____

2. Phone: _____ Fax: _____

3. Type of Business: _____

Surplus Lines Taxes and Fees

4. Who is filing the surplus lines taxes?

License Number: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

B. Applicant's Practice

1. Year Established: _____

2. Has any one client (includes affiliated clients) accounted for 25% or more of the applicant's gross revenues during the past 12 months? YES/NO

If 'YES', please provide the name(s) of the client(S) and percentage of billings:

3. Does any member of the applicant provide professional services other than those mentioned previously? YES/NO

If 'YES', please provide details:



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- 4. Current Projected Total Gross Revenues: \$
5. Past Fiscal Year Total Gross Revenues: \$
6. Previous Past Fiscal Year Total Gross Revenues: \$
7. Number terminated, retired, or resigned within the past 12 months (Full-time/Part-time)
8. Does responsibility for the applicant's other offices rest with the management at the applicant's principal location? YES/NO
9. To what professional association(s) does the Applicant belong?
10. Please list the names of the predecessor firms of the Applicant (Name only those firms where the applicant is a successor to the former firm's assets and liabilities):
11. Is there a Principal, Partner or Owner(s) that has at least 5 or more years industry experience? YES/NO

C. Risk Management

- 1. Is the applicant controlled, owned or associated with any other firm, corporation or company, or does the applicant have any wholly or partially owned subsidiaries? YES/NO
If 'YES', please explain:
2. Are any of the professional activities provided to business enterprises that are listed above? YES/NO
If 'YES', please explain:

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3. Does any current member of the applicant provide any professional services to any clients in which any applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest? YES/NO

If 'YES', please explain:

4. How many suits for fees have been filed in the last two years? _____

D. Insurance Agents Supplement

1. Additional business location: _____

Are these offices owned and under direct control of the applicant firm: YES/NO

If NO, please attach full details:

2. Within the last five years have there been:

Changes in applicant firm's name? YES/NO

Changes in firm's ownership? YES/NO

Mergers with/or purchases of other firm's? YES/NO

Cluster arrangements? YES/NO

3. List all insurance carriers with whom agency contracts of Applicant Firm have been terminated in the last 5 years. (If none, state "none"):

4. Number of Applicant Firm's Personnel: (Each individual should be counted only once.)

Owners, Officers, Partners: _____

Employee Solicitors, Brokers, Agents: _____

Exclusive Non-employee Producers: _____

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Other Employees: _____

Total Staff: _____

5. In the past five years, has the applicant firm placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations? YES/NO

If YES, give a detailed explanation:

6. In the past five years, has the applicant firm specialized in any programs or classes of business? YES/NO

If YES, give a detailed explanation:

7. In the past five years, has the applicant firm placed coverage or had involvement with self-insured / Captives of Risk Retention Groups(s), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? YES/NO

If YES, the applicant must include the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the insurer(s); the name and address of the administrator; any administrative duties performed by the applicant; and appropriate financial information, if applicable:

8. Assumed responsibilities to notify its customers' terminated employees of their rights to benefits under COBRA? YES/NO

If YES, give a detailed explanation:

9. Does the Applicant Firm perform any of the following consulting activities for its customer? If Yes, attach key person name resume, promotional material and sample contract to signed application.

	Provides this Service	Wants Coverage
Reinsurance Intermediary		
Third Party Administrator		
Claim Adjustment Service		
Financial Planning		
Registered Investment Advisor		
Safety and Engineering Service		
Actuarial Services		
Tax Adviser		
Risk Management		
Loss Control		
Data Processing Consulting		
OSHA/OSHA (Inspection/Compliance)		
Legal Adviser		
Human Resources		
Expert Witness		
Bank or Savings and Loan		
Mortgage / Mortgage Service Facility		
Real Estate		

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10. If any of the above is checked then explain activities

11. Does the applicant firm place insurance coverage on any entity in which the applicant firm has an ownership interest or for any for-profit entity in which an insured is an owner, officer, partner member or employee of the applicant firm is an officer or director? YES/NO

E. Claim History

Loss History: (Please include information for all losses in the past five years for your Errors and Omissions and Fiduciary Liability policy. To add a claim, return to instant indication section.)

1. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? YES/NO
2. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the applicant firm or any of its predecessor firms, if any? YES/NO
3. Have all matters in the above two questions been reported to the applicant's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? YES/NO

F. Policy History

1. Previous Insurer(s) (Past Three years; Be sure to include Effective Date, Expiration Date Limits of Liability, Deductible/Retention and Premium):

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2. Has the applicant ever purchased an extended reporting endorsement? YES/NO
(If 'YES', please provide date purchased and term or endorsement:
-

3. In the past five years, has the applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? YES/NO

4. Does the applicant carry General Liability coverage? YES/NO

G. Coverages and Endorsements

1. Amended Territory Provision: YES/NO

2. Business Broker Amendatory: YES/NO

3. Designated Entity Exclusion
Name _____

4. Designated Operation Exclusion
Name _____

5. Reimbursement Amount: \$ _____

6. Employers Liability Exclusion: YES/NO

7. Escrow Agents Amendatory: YES/NO

8. Failure to Maintain General Liability Exclusion: YES/NO

9. Fair Housing – Defense Costs Only: YES/NO

10. Joint Venture Exclusion: YES/NO

11. Limits of Liability Amendatory: YES/NO

12. Office Space Sharing Exclusion: YES/NO

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13. Property Management Operations With Ownership Amendatory Endorsement:
YES/NO

14. Regulatory Authority Exclusion: YES/NO

15. R.I.C.O. Exclusion: YES/NO

16. Securities And Financial Interest Exclusion: YES/NO

17. Specified Individual Prior Acts Limitation: YES/NO

18. Stacking of Limits: YES/NO

19. Trustee: YES/NO

20. Additional Insured

Name: _____

Address 1: _____

Address 2: _____

City: _____ State _____ Zipe Code _____

21. Additional Name Insured

Name: _____

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IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSUREDS, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO ARKANSAS APPLICANTS: "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 COLORADO APPLICANTS: "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 AUTHORITIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “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 FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “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.”

NOTICE TO LOUISIANA APPLICANTS: “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 MAINE APPLICANTS: “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 MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “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: “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, 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: “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 OKLAHOMA APPLICANTS: “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” (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: “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 TENNESSEE APPLICANTS: “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 VIRGINIA APPLICANTS: “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.”

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

The Applicant hereby acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____ Date: _____

Producer Name: _____

License #: _____