



INSURANCE BROKER'S PROFESSIONAL LIABILITY INSURANCE APPLICATION FORM

(This is an application for a claims made policy) **NOTE: All questions must be answered fully, leave NO blank spaces. Please attach additional sheets as needed.**

Zain Jeewanjee Insurance Agency Lic # 0697055 fax: 408-997-7890

1. Applicant Name _____

2. Street Address _____

City _____ County _____ State _____ Zip _____

Contact Name _____ Tel (_____) _____ Fax (_____) _____ E-mail _____

3. Names and addresses of parent and subsidiary operations, and % owned _____

4. The applicant is: individual partner corporation other (describe) _____

Date agency established _____ Number of years owner experience _____ *If agency is less than three years, please attach resumes of all principals.*

5. During the past five years:

a) has the name of the firm been changed? Yes No *If Yes, please give details:* _____

b) has any other firm been purchased, merged or consolidated with the applicant? Yes No *If Yes, please give details:* _____

6. What is the total number of partners, staff, and office brokers?

a) total number of partners (including the signatory on the proposal form) _____ b) all staff: clerks, typists, phone operators, etc. _____ c) solicitors and office brokers remunerated on a commission basis (to be named on a separate schedule) _____

7. If the applicant is licensed or doing business as any of the following, *please show percentage of total revenue received from each activity:*

- | | |
|---|---|
| a) insurance broker <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | d) managing general agent <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| b) insurance agent <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | e) underwriter for a pool of companies <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| c) general insurance agent ... <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | f) insurance consulting/ advising <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |

8. If applicant is involved in any of the following activities, *please show percentage of total revenue received from each activity:*

- | | |
|---|--|
| a) real estate <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | g) law practice <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| b) mutual funds <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | h) is the applicant engaged in any activities other than those already listed in questions 7 and 8? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) premium financing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | <i>If Yes, please list additional activities and indicate percent of total revenue from each:</i> _____ |
| d) claims adjusting <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | |
| e) loss prevention engineering <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | |
| f) third party administrator .. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | |

Please note that no coverage is granted for these activities unless specifically agreed by endorsement to the policy.

9. Does the applicant place business with Lloyds underwriters? *If Yes, please give the approximate percentage of your total commission/brokerage derived therefrom:*

- a) directly through any firm of Lloyd's brokers in London? Yes No _____ %
- b) indirectly through the intermediary of another North American agent or broker? Yes No _____ %

10. What is the annual percentage breakdown by line of business of the applicant's annual premium income (total all lines)?

PERSONAL LINES-----

- a) auto standard %
- b) auto non-standard %
- c) property (dwelling) %
- d) other (specify) %

LIFE & HEALTH-----

- e) life %
- f) accident & health %
- g) fixed annuities %
- h) other (specify) %

COMMERCIAL LINES-----

- i) fire & e.c. (commercial lines) %
- j) substandard fire %
- k) package policies %

COMMERCIAL LINES, Cont'd-----

- l) medical malpractice %
- m) professional liability, d&o, e&o %
- n) general/umbrella/excess liability %
- o) workers compensation %
- p) commercial auto %
- q) flood %
- r) long haul trucking %
- s) crop insurance %
- t) surety bonds %
- u) marine (specify type) %
- v) aviation (specify type) %
- w) other (specify) %

TOTAL ALL LINES (a through w above) *must add up to..... 100%*

11. What percentage of the applicant's business is:

- a) received direct from insureds? %
- b) accepted from other producers? %

12. What percentage of the applicant's business is written on a non-admitted basis? %

13. Please provide:

	LAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS
a) Total P&C Gross Premiums Written Annually	\$ _____	\$ _____
b) Total Gross Annual P&C Commissions	\$ _____	\$ _____
c) Total Gross Annual Life/A&H Commissions	\$ _____	\$ _____
d) Total Income Derived from Other Insurance-Related Activities (describe): _____	\$ _____	\$ _____

e) Does the Applicant derive revenues from any activities not shown in items 12b-12d above? Yes No

If "Yes", please describe: _____

Over \$2,000,000 in net income? Contact Rockwood Programs for assistance.

14. List the top four insurance companies by premium income with which you place business and show the percentage of dollar volume placed with each:

INSURANCE COMPANY	ADMITTED?	PERCENT VOLUME PLACED	CURRENT BESTS INSURANCE RATING
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____

15. Does the applicant possess any underwriting authorities? Yes No *If Yes, describe levels and percentage written.*

16. a) does applicant delegate binding authority

to sub-producers? Yes No

b) does applicant adjust claims? Yes No

c) does applicant have authority to deny claims? Yes No

e) does applicant negotiate/purchase reinsurance? Yes No

17. How are staff members kept informed of changes in legislation that might affect your firm, clients or carriers?

18. Office Procedures:

a) Does the agency utilize a computerized production and accounting system? Yes No

b) Is the agency on-line with a carrier? Yes No

Name of carrier: _____

Volume: \$ _____

c) Is the agency using the Internet? Yes No

Name of home page and/or web-site: _____

If "yes" is it used for marketing or sales? Yes No

If "yes" are applications completed/ submitted through the Internet? Yes No

Note: coverage for e-commerce exposures available via endorsement

d) Is incoming mail date stamped? Yes No

e) Are copies of binders mailed to the insured and/ or company within specified guidelines? . Yes No

f) Is there a procedure for documenting files and telephone conversations? Yes No

g) Is a policy expiration list maintained? Yes No

h) Are all applications, policies and endorsements checked for accuracy? Yes No

i) Are files marked to ensure certificate holders are notified of cancellation or material changes? Yes No

j) Is there a back-up procedure for computerized production? Yes No

k) Does the agency have a diary/suspense system? Yes No

l) Does the applicant have an office manual? . Yes No
Is a copy signed by all employees? Yes No

m) Does the applicant have a specific orientation program for new employees? Yes No

n) Have you attended an E&O seminar in the last 15 months? Yes No

19. Please give full particulars of all similar insurances during the past five years:

INSURER	LIMITS	DEDUCTIBLE	POLICY PERIOD	PREMIUM
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____

20. Has any application for insurance made on behalf of the firm or any of the present partners or, to the knowledge of the firm, on behalf of their predecessors in business, ever been declined or has any such insurance ever been cancelled or renewal refused? Yes No
If Yes, please give full particulars on a separate sheet.

21. Has the applicant or any partner or employee of any applicant proposed for insurance ever been subject to disciplinary action by any state licensing agency or other regulatory body? Yes No
If Yes, please give full particulars on a separate sheet.

22. Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or, to the knowledge of the firm, against any past partners? Yes No
If Yes, please give full particulars on a separate sheet.

23. Is the firm aware, after enquiry, of any circumstances which may result in any claims being made against the firm, their predecessors in business or any of the present or past partners? Yes No
If Yes, please give full particulars on a separate sheet.

24. a) Limit required? \$ _____ b) Deductible? \$ _____ c) Retro Date? _____

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL I/WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

Name of Firm _____

By _____
Owner, partner or officer (must be signed)

Date _____

Title _____