

Greenwich Insurance Company Indian Harbor Insurance Company
PROFESSIONAL LIABILITY INSURANCE FOR AGENTS AND BROKERS

RENEWAL APPLICATION

NOTICE

The Insurance coverage for which you are applying is written on a claims-made and reported policy form. Subject to policy provisions, this insurance will apply only to claims that are first made against you and reported to the Company while the policy is in force. This policy provides that the limits of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Please Print or Type and complete all questions.

1. Name of Agency/dba if applicable: _____
2. Has the agency's name, principal address, telephone number, facsimile number or e-mail address changed? YES NO
(If YES, please indicate change):

3. Over the past year, have there been any changes, additions or deletions of locations owned and under direct control of applicant's agency? YES NO (If YES, provide details on separate sheet)

4. Please provide percentage of business in each area. If no change from previous application, check the box and do not include percentages: **NO CHANGE – Failure to provide details will represent "No Change"**

Retail (Business sold Directly to Insureds) _____%

Wholesale (Business sold to other Agents)* _____%

MGA (Business for which you have underwriting authority*) _____%

MUST TOTAL 100%

(*) indicates Supplemental Application must be completed

5. Within the last year have there been any changes in agency ownership, mergers with or purchases of other agencies or any agency cluster arrangements? YES NO (If YES, attach a detailed explanation).

6. In the past year, has the agency:
- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waster operations with significant pollution exposures? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Specialized in any programs or classes business? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you placed business with any carriers/Companies that were not listed on your previous XL Application? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answered YES, attach a detailed explanation for each.

If NO CHANGE from previous application, check the box and do not respond to a., b., c., above NO CHANGE

7. During the past year, has any past or present owner, officer, partner, principal, employee, member of solicitor been the subject of complaints files and/or disciplinary action by any insurance regulatory authority? YES NO

8. Have there been any changes during the past year to any previously reported claim? YES NO

If YES to Question 7 or 8, please provide a detailed explanation on a separate sheet.

9. During the past year, have you become aware of any claims or any known acts, proceedings, events or developments which may reasonably be expected to give rise to a claim. YES NO

If YES, please complete and attach a Claims Supplement form.

10. Please provide:

- a. Total last 12 months **Gross Premiums Written** \$ _____
- b. Total last 12 months **Gross Commission Income** \$ _____
- c. Total **Net Retained Commission Income (Wholesale Agents Only)** \$ _____
- d. Total income from **OTHER INSURANCE RELATED ACTIVITIES (Describe)** \$ _____

11. Breakdown of agency business (**Totals should equal totals presented in Question #10, above**).

COMMERCIAL LINES	PREMIUM VOLUME	COMMISSION INCOME
Workers Comp.		
Commercial Auto (except trucking)		
Trucking (Fleet and/or Long Haul)		
Commercial Multi Peril		
Bonds		
Professional Liability		
Directors & Officers Liability		
Medical Malpractice		
Energy / Pollution / Environmental		
Umbrella/Excess		
Aviation		
Wet Marine		
Crop		
Liquor Liability		
Other (Specify)		
TOTAL COMMERCIAL LINES		
PERSONAL LINES		
Automobile Standard		
Automobile (Non Standard)		
Umbrella		
Property & Dwelling		
Other (Specify)		
TOTAL PERSONAL LINES		
LIFE & HEALTH		
Life		
Health & Accident		
Annuities & Pension		
TOTAL LIFE & HEALTH		

12. Does the applicant or any agency owner, officer, partner/principal, member of solicitor or employee perform any of the following activities? If yes, attach resume, promotional material and sample contract. Coverage may be excluded under the policy

	YES	NO	Income		YES	NO	Income
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	\$	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$	Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claim Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Tax Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Risk Management/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	\$	Premium Finance for Agency Clients	<input type="checkbox"/>	<input type="checkbox"/>	\$
Investment, Securities Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
Prepaid Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Other	<input type="checkbox"/>	<input type="checkbox"/>	\$

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 D.C. 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 insurance company 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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both. **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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO MARYLAND APPLICANTS:** 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 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, 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 violation. *Fraud Language updated (02/10)* **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. **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 RHODE ISLAND 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 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. **NOTICE TO WASHINGTON 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 WEST VIRGINIA 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 ALL OTHER STATE APPLICANTS:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. *Fraud Language updated (02/10)*

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND AGENCY ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER OR MEMBER OF THE APPLICANT.

Date	Signature
Printed Name Signature	Title of Person Signing the Application

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for a quotation. A properly completed, original, signed and dated application will allow for prompt issuance of coverage, should quotation be offered and accepted.