

Independent Insurance Agents and Brokers of America

Renewal Application for Claims-Made Professional Liability Insurance Coverage

We recommend this application be submitted electronically. If you are unable to do so, please print and scan the document and save to your hard drive both before and after completing. Please utilize Adobe Acrobat Reader 8.0 or higher, which is available free at <http://www.adobe.com/products/acrobat/readstep2.html>

Renewal Date: _____

1. Applicant Entity Name/First Named Insured: _____

Principal Office, Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Website address: _____

2. Contact Person: _____ Email: _____ Phone: _____

 3. Any ownership or name changes, mergers or acquisitions or cluster changes in the past 12 months?
 [If yes, the Mergers, Acquisitions and Clusters Supplemental Application, must be completed] Yes No

4. Limits of Liability options requested that are different from the current policy: \$ _____ Per Claim \$ _____ Aggregate

5. Deductible options requested that are different from the current policy: _____

 6. Is optional coverage for Employment Practices Liability being requested?
 [If yes, the Employment Practices Liability Endorsement Supplemental Application must be completed] Yes No

7. Total Premium Volume for the past fiscal year for ALL locations: \$ _____ Estimated next 12 months: \$ _____

 8. Total Revenue for ALL locations: \$ _____
 [Revenue is all sources of income with the exception of earnings from premium finance contracts,
 investment income and profit sharing bonuses received from insurance companies]

Property & Casualty – Past fiscal year: \$ _____ Estimated next 12 months: \$ _____

Life/Accident & Health – Past fiscal year: \$ _____ Estimated next 12 months: \$ _____

Other – Past fiscal year: \$ _____ Estimated next 12 months: \$ _____

9. Indicate total staff for all locations below: [Staff members should only be counted once]

	Full Time	Part Time
Licensed Owners & Officers		
Licensed Employed Producers		
Independent Contractor Producers Exclusive to the Agency		
Independent Contractor Producers Not Exclusive to the Agency		
Licensed Customer Service		
Unlicensed Customer Service with Client Contact		
Other Unlicensed Staff		
Total		

10. For those indicated in #9 above, how many are licensed to sell life/accident & health products:

11. Has the required staff taken an IIABA state sponsored loss control seminar within the past 3 years? Yes No

If yes, attach documentation of completion.

12. List the top 5 insurance carriers or other insuring entities where insurance coverage is placed.

[Insuring entities include self-insured groups, State insurance plans, PEOs, etc].

Insurance Carrier/Insuring Entity	Annual Premium Volume	Binding Authority		A. M. Best's Rating	Admitted	Nonadmitted	Does Not Apply
		Yes	No				
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Indicate the distribution for the following types of placements: [Responses MUST equal 100%]

Admitted:	%
Nonadmitted:	%
State Insurance Plans: (Examples: JUAs, Fair Plans, State Workers Comp Plans, State Earthquake and Wind Plans)	%
Self-Insured Groups: (Examples: Trusts, public entity pools, captives)	%
PEOs: [If conducting business with a PEO, the PEO Referral Supplemental Application must be completed]	%
Total:	100 %

14. Indicate the percentage of placements by A.M. Best Rating: [Responses MUST equal 100%]

Rated B+ or better:	%
Rated less than B+:	%
Does not have an A.M. Best Rating:	%
Total:	100 %

15. Indicate the percentage of placements: [Responses MUST equal 100%]

By the Applicant direct to the carrier/insuring entity:	%
By the Applicant through a Managing General Agent (MGA):	%
By the Applicant through a Surplus Lines Broker, wholesaler or other broker:	%
As a Managing General Agent:	%
As a Surplus Lines Broker or wholesaler:	%
Other – Explain:	%
Total:	100 %

16. Indicate the percentage of billing placements: [Responses MUST equal 100%]

Direct bill of policyholders by the insurance company/risk bearing entity:	%
Agency bill basis:	%
Total:	100%

17. Provide revenue distribution by your sales activities and services provided: [All columns combined MUST total 100%]

Column A Commercial and Casualty	Column B Personal Property and Casualty	Column C Life, Accident and Health	Column D Financial Products: Annuities, Mutual Funds, Variable Products and Securities*	Column E Other Services
___% Standard Property/Fire	___% Auto – Standard	___% Life – Individual	___% Variable Life	___% Reinsurance Intermediary
___% Nonstandard Property/ Fire	___% Auto – Nonstandard and Assigned Risk Plans	___% Life – Group	___% Mutual Funds	___% Third Party Administrator – Workers Compensation*
___% SMP, BOP, Package	___% Homeowners and Standard Fire	___% A&H – Individual	Annuities: ___% Equity Indexed ___% Fixed ___% Variable	___% Employee Benefits Administration*
___% CGL	___% Fire - Nonstandard and Fair Plans	___% A&H – Group: Fully Insured [Including HMO/ PPO]	___% Securities [stocks]	___% Actuarial Services
___% Excess & Umbrella	___% Pleasure Craft	___% A&H – Group: Partially Insured or Self Insured*	___% Bonds	___% Real Estate, Escrow, Mortgage Broker, Title Agent
Transportation: ___% Auto – Standard ___% Auto - Nonstandard ___% Long Haul Trucking ___% Other Trucking ___% Livery	___% Umbrella	___% Long Term Care	___% Other, list below:	___% Claims Adjusting Services*
___% Workers Compensation	___% Flood, Wind, Earthquake	___% Other, list below:		___% Loss Control/ Risk Management
___% Crop Coverage*	___% Other, list below:			___% Consulting – Fee Based
___% Medical Malpractice				___% Premium Financing for Others
___% Professional Liability (nonmedical): D&O, E&O, EPLI, etc.				___% Other, list below:
___% Wet Marine				
___% Inland Marine				
___% Bonds – Surety*				
___% Bonds – All Other*				
___% Aviation				
___% Oil, Gas, Petrochemical				
___% Hazardous Materials Pollution, Environmental Liability				
___% Flood, Wind, DIC, Earthquake				
___% Other, list below:				
___% Subtotal Column A	___% Subtotal Column B	___% Subtotal Column C	___% Subtotal Column D	___% Subtotal Column E
*Complete Supplemental Form				100% Total All Columns

It is hereby agreed that the information provided above is true and correct, and is material in deciding whether to issue the above coverage or coverages to the Applicant. This application must be signed and dated by the owner, partner or a senior officer of the Named Insured.

Name: _____ Title: _____

[Print Name]

[Print Title]

Signature: _____ Date: _____

[Must be signed by Owner, Partner or Senior Officer]

[Month/Day/Year]

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 and subjects such person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

[Not applicable in AL, AR, AZ, CO, DC, FL, HI, ID, KS, LA, ME, MD, MN, NM, NJ, OH, OK, PR, RI, TN, UT, VA, VT, WA and WV per attached form 141874].
