Renewal Application for Insurance Agents and Brokers Professional Liability Insurance Policy

THIS IS A RENEWAL APPLICATION FOR A CLAIMS MADE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

- **This renewal application must be completed in full, including all required attachments**
- **Attach a separate sheet of paper if more space is needed to answer any question.**
- **We treat all renewal applications as confidential.**

Policy Number _____ **Expiration Date** _____

1. Named Insured: _____

   DBA (if any): _____

   Home Office Mailing Address: _____

   Physical Address:
   _____

   Phone: ( ) _____ Fax: ( ) _____ Email: _____

   Additional Locations:
   _____

   _____

2.

		Current 12 Months	Estimated Next 12 Months
a)	Total P&C gross written annual premium:		
b)	Total gross annual P&C commissions:		
c)	Total Life and A&H gross written annual premium:		
d)	Total gross annual Life and A&H commissions:		
e)	Total annual income derived from other insurance related activities:		

3 Since last year's application, has (have):

.

a) the name of the firm or form of the organization changed, or has there been any change to the control, ownership (in whole or part), affiliations or associations with any other firm, corporation, company or entity, or has any business/firm been acquired, merged into, consolidated or sold off by/from the original firm? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

b) there been a change in management structure, including any additions, or deletions of any principals, owners, managers or brokers, or has the firm become associated with any cluster arrangements? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

c) there been the addition or deletion of any additional locations? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

d) any placements been made with any insurance companies that are currently rated B++ or less by A.M. Best? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

e) any agency contracts been terminated with any insurance carriers? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

f) any mutual funds been placed through a securities broker/dealer that is affiliated with an insurance company? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

g) the Applicant specialized in any programs or classes of business, or has the Applicant placed coverage or been involved in Self Insured/Captives, Risk Retention Groups, (RRG), Risk Purchasing Groups (RPG), or Multiple Employer Trusts (MET)? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

4. Please Indicate Percent of Gross Written Premium Placed As:

Agent (business placed directly with carriers)	**%**
Broker/Wholesaler	**%**
Managing General Agent/Underwriter	**%**
Reinsurance Intermediary	**%**
Other	**%**
Total	**100%**

5. Since last year's application, has the Applicant performed any of the following activities:
If yes, attach resume(s), promotional materials and sample contract(s) Yes ☐ No ☐

		Revenue/Income
a) Reinsurance Intermediary	☐ Yes ☐ No	$_____
b) Third Party Administrator	☐ Yes ☐ No	$_____
c) Claims Adjustment Services	☐ Yes ☐ No	$_____
d) Investment/Securities Advisor	☐ Yes ☐ No	$_____
e) Actuarial Services	☐ Yes ☐ No	$_____
f) Legal Adviser/Services	☐ Yes ☐ No	$_____
g) Tax Adviser	☐ Yes ☐ No	$_____
h) Risk Management/Loss Control	☐ Yes ☐ No	$_____
i) Title Insurance	☐ Yes ☐ No	$_____

If Yes is indicated for b or c, A Third Party Administration and Claims Administrative Services Supplemental Application ***MUST*** *be completed and attached to this Application.*

6. Please indicate the number of:

a) Owners, Officers, Partners _____ Exclusive Non-Employee Producers

_____

Employed Solicitors, Brokers, Agents _____ Non-Exclusive Non-Employee Producers

_____

All Other employees _____

7. a) During the last year/current policy period, has any prospective insured, or any of its employees, ever been subject to an investigation by a state regulatory agency, administrative agency and/or an insurance department investigation or inquiry or disciplinary investigation or proceeding in any way? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

b) During the last year/current policy period, did any prospective insured, or any of its employees, have their license revoked, suspended, or were they fined or disciplined by any state or regulatory department? Yes ☐ No ☐

If yes, please provide a detailed explanation: _____

_____

8. Since the submission date of the last application submitted to the Insurer, has there been any change in the status of any claim, suit, circumstance, allegation, or contention previously reported under an Insurance Agents or Brokers Professional Liability policy issued by a carrier other than the Insurer? Yes ☐ No ☐

NOTHING CONTAINED IN QUESTIONS 7 OR 8 CONSTITUTES THE REPORTING OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY ISSUED BY US. IF YOU WISH TO REPORT A CLAIM OR POTENTIAL CLAIM, YOU MUST COMPLY WITH THE REPORTING REQUIREMENTS OF YOUR POLICY.

THE UNDERSIGNED AUTHORIZED OWNER, PARTNER, DIRECTOR, OR OFFICER AGREES THAT IF THE INFORMATION UPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY DARWIN IN WRITING OF SUCH CHANGES. DARWIN RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED OWNER, PARTNER, DIRECTOR, OR OFFICER REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS/ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE UNDERWRITER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE UNDERWRITER.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

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 DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF 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 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 AND 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 MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: 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 OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

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 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.

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

Signature of Applicant:_____

(MUST be signed by an Owner, Partner, Director, or Officer of the Named Insured. It is agreed the signer has authority to act on behalf of all insureds.)

Printed Name of Applicant:_____ Title_____

Date:_____