MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION

PREMIUM FINANCE COMPANY SUPPLEMENT

1. Name of **Your** firm: _____

2. Please provide an estimate of gross premiums to be financed for the coming year. $ _____

3. Please indicate percentages of **Your** total operations by the following categories:

   (a) Casualty _____ %
   Property _____ %
   Aviation _____ %
   Marine _____ %
   Other _____ %
   Must total 100%

   (b) Commercial Lines _____ %
   Personal Lines _____ %
   Must total 100%

4. Please provide an outline of **Your** standard procedures for cancellation and reinstatement.

   _____

   _____

   _____

5. Do **You** give authority to agents or brokers? Yes _____ No _____
   If yes, please submit a description of authorized activities and a sample contract.

   _____

   _____

   _____

6. Do **You** ever finance premiums for an affiliated entities? Yes _____ No _____

   If yes, describe arrangement. _____

7. To complete **Your** application, please submit the following:

   (a) A sample premium finance agreement.
   (b) A sample Notice of Cancellation Form and Reinstatement Request Form.

NOTE:

THIS PREMIUM FINANCE COMPANY SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION. THE APPLICATION INCORPORATING THIS SUPPLEMENT MUST BE SIGNED AND DATED BY A PRINCIPAL, PARTNER, OFFICER OR DIRECTOR OF THE FIRM PRIOR TO ISSUANCE OF THE POLICY.