

# Scottsdale Indemnity Company

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

## APPLICATION FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

THE POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD.

UNLESS COVERAGE IS PURCHASED FOR PAYMENT OF DEFENSE COSTS IN ADDITION TO THE APPLICABLE LIMITS OF LIABILITY, THE APPLICABLE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS SHALL BE SUBJECT TO THE RETENTION.

PLEASE READ AND REVIEW THE POLICY CAREFULLY.

Fully answer all questions and submit all requested information. Terms appearing in **bold** in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Company** will hold this **Application**, including all materials submitted herewith, in confidence.

1. The Applicant (to be identified as the **Named Insured** in **Item 1.** of the Declarations): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

2. a. Are there any branch offices? .....  Yes  No  
If "Yes," how many? \_\_\_\_\_ In what states? \_\_\_\_\_
- b. Is the Applicant owned or controlled by, or affiliated with any other firm?.....  Yes  No  
If "Yes," please attach details.
- c. Has the Applicant purchased, merged or been consolidated with any other firm or bought a book of business in the past three (3) years? .....  Yes  No  
If "Yes," please attach details.
- d. Date Applicant was established: \_\_\_\_\_ If less than three (3) years, please attach a resume of all principals.
- e. Does the Applicant have any subsidiaries or d/b/a's? .....  Yes  No  
If "Yes" list their names, type of operation and whether or not you wish to apply for coverage for them. (Use a separate sheet if necessary):

Name of Subsidiary or d/b/a	Type of Operation	Applying for Coverage?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Please list the percentage of Applicant's business placed in its role as (total must equal 100%):

Agent/Broker..... \_\_\_\_\_%      Reinsurance Broker/Intermediary ..... \_\_\_\_\_%  
 Wholesaler..... \_\_\_\_\_%      MGA/GA/Program Administrator..... \_\_\_\_\_%  
 Other..... \_\_\_\_\_% (Specify) \_\_\_\_\_

4. a. Does the Applicant anticipate any significant changes in the nature of its operations, or changes of twenty-five percent (25%) or more in the size of its operations, in the next twenty-four (24) months?  Yes  No  
 If "Yes" please attach details.
- b. Does the Applicant anticipate writing any new lines of coverage in the next twelve (12) months? .....  Yes  No  
 If "Yes" please provide details. \_\_\_\_\_

5. a. Indicate total agency headcount (including you): \_\_\_\_\_ Of these, indicate how many are:

	Employees Full Time	1099 Contractor Full Time	Employees Part Time	1099 Contractor Part Time
Licensed Agent or Broker				
Other Management/Professional				
Administrative				
Total				

b. List the names of all partners, principals and key employees below (please include yourself):

Name	Years in Insurance	Years Licensed	Years with Applicant	Professional Designation

c. Is the Applicant a member of any cluster arrangement? .....  Yes  No  
 If "Yes" please provide name of cluster: \_\_\_\_\_

6. List professional associations to which the Applicant belongs: \_\_\_\_\_

7. a. Indicate the premium volume and gross insurance commissions and fees paid to the Applicant before any split with others for each of the two (2) most recent years and the estimate for the next twelve (12) months:

Period/Year	P&C Premiums	P&C Gross Comms. & Fees	Life/A&H Premiums	Life/A&H Gross Comms. & Fees

b. Indicate how many policies the Applicant placed in the past year: P&C \_\_\_\_\_ Life/A&H \_\_\_\_\_

8. Indicate and describe the Applicant's non-insurance business revenues for the past two (2) years:

Year	Non-Insurance Revenue	Source
	\$	
	\$	

9. List all insurers where the Applicant has placed business in the past two (2) years. Use additional sheets if necessary:

Insurer	Best Rating	Annual Premium Volume	Years Represented	Underwriting Authority?	Lines of Business
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. a. Does the Applicant derive more than fifteen percent (15%) of its income from any one client? .....  Yes  No  
If "Yes," please attach specifics.

b. Does the Applicant specialize in any industry or industry segments?.....  Yes  No  
If "Yes," please list the industries and/or specialties and indicate the approximate percentage of the Applicant's income derived from each: \_\_\_\_\_

11. a. Indicate the Applicant's commission derived from each of the following in the past twelve (12) months:  
Mutual Fund Sales \_\_\_\_\_ Variable Life Sales \_\_\_\_\_ Variable Annuities \_\_\_\_\_

b. Does the Applicant have coverage through a broker/dealer or elsewhere?.....  Yes  No

12. Indicate if the Applicant provides the following services:

a. Claims Draft Authority?.....  Yes  No  
If "Yes," indicate maximum authority: \_\_\_\_\_

If "Yes," does the Applicant have the authority to deny claims? .....  Yes  No

b. Inspections, Safety Engineering, Loss Control or Risk Management? .....  Yes  No

c. Policy Issuance? .....  Yes  No

d. Reinsurance Placement?.....  Yes  No

e. TPA Services?.....  Yes  No

If "Yes" please describe: \_\_\_\_\_

13. In the past three (3) years, has the Applicant:

a. Discontinued any program or class of business that accounted for more than ten percent (10%) of its premiums? .....  Yes  No

b. Been involved with establishing or managing any fronted program?.....  Yes  No

c. Been involved in any structured settlement or viatical settlement?.....  Yes  No

d. Established, managed or referred clients to any Professional Employer Organization (PEO)?.....  Yes  No

e. Established or managed any risk bearing entity including any risk retention group or captive?.....  Yes  No

If "Yes" to any of the above, please attach specifics.

14. a. Has the Applicant had any agency contracts cancelled by any insurer for reasons other than lack of production?.....  Yes  No  
If "Yes," please attach details

b. Has the Applicant exercised any extended reporting period coverage under any previous professional liability insurance? .....  Yes  No

If "Yes," please attach details.

15. Please indicate the percentage of total *premium* volume from the following:

**(Total of all sections combined must equal 100%)**

**Personal Lines:**

Standard Auto..... \_\_\_\_\_ %  
 Non-Standard Auto..... \_\_\_\_\_ %  
 Other..... \_\_\_\_\_ % (Specify) \_\_\_\_\_

**Commercial Lines:**

Auto (except long haul trucking)..... _____ %	Workers Comp..... _____ %
Long Haul Trucking ..... _____ %	Fidelity..... _____ %
BOP/SMP ..... _____ %	Surety..... _____ %
GL/Products..... _____ %	Aviation ..... _____ %
Commercial Property..... _____ %	Crop ..... _____ %
Inland Marine..... _____ %	E&O/D&O..... _____ %
Ocean Marine ..... _____ %	Medical Malpractice ..... _____ %
Other..... _____ % (Specify) _____	

**Group Life/Accident & Health:**

Life..... _____ %	Fully Insured Health..... _____ %
LTD..... _____ %	Self-Insured Health..... _____ %
STD..... _____ %	METS/MEWAS..... _____ %
Dental..... _____ %	Stop Loss..... _____ %
Other..... _____ % (Specify) _____	

**Individual Life/Accident & Health:**

Term Life..... _____ %	Whole Life..... _____ %
LTD..... _____ %	Universal Life..... _____ %
STD..... _____ %	Fixed Annuities..... _____ %
Health..... _____ %	Accident/AD&D..... _____ %
LTC..... _____ %	Credit Life..... _____ %
Other..... _____ % (Specify) _____	

16. Does the Applicant:

- a. Have written standard operating procedures? .....  Yes  No
- b. Date stamp all incoming mail? .....  Yes  No
- c. Have procedures to disclose exclusions including but not limited to fungus/mold?.....  Yes  No
- d. Document client refusal to accept coverage or limit recommendations? .....  Yes  No
- e. Maintain an approved list of insurers? .....  Yes  No
- f. Confirm binders in writing? .....  Yes  No
- g. Appoint sub-agents? .....  Yes  No

17. Has the Applicant or any owner, director, officer, employee, partner or independent contractor of the Applicant ever been the subject of a disciplinary action, investigation or complaint as a result of any professional activities? .....  Yes  No  
 If "Yes," please attach full details.

18. Does any owner, director, officer, employee, partner or independent contractor of the Applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? .....  Yes  No  
 If "Yes," please attach full details and advise whether or not it has been reported to any insurer.

19. Have there been any claims, lawsuits, demands, or threat of legal action against the Applicant or any owner, director, officer, employee, partner or independent contractor in the last five (5) years?  Yes  No  
 If "Yes," how many? \_\_\_\_\_  
 Please attach full details including a brief description, date, and amounts sought, paid and/or reserved.

20. Does the Applicant currently have professional liability insurance in force? .....  Yes  No  
 If "Yes," provide the following for its three most recent policies:

Expiration Date	Name of Insurer	Limits of Liability	Deductible	Premium

Retroactive date or length of time coverage has been continuously in force: \_\_\_\_\_

21. **Limits of Liability** Desired: \$ \_\_\_\_\_ each **Claim**  
 \$ \_\_\_\_\_ in the aggregate all **Claims**

The Applicant may apply for, but may not be offered, defense costs in addition to the above limits.  
 Please indicate if you prefer defense costs to be in addition to the above limits: .....  Yes  No

22. Deductible Desired:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  Other: \_\_\_\_\_

The Applicant may apply for, but may not be offered, a deductible applying to damages only. Please indicate if you prefer the deductible to apply to damages only: .....  Yes  No

The person signing this **Application** declares that to the best of his or her knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Company** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Company** of such occurrence, event or circumstance and shall provide the **Company** with information that would compete, update or correct such information. In such event, the **Company** in its sole discretion may modify or withdraw any outstanding quotation.

The **Company** shall maintain this **Application** on file, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Company** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Company** pursuant to the terms of the Policy, if and when issued.

**PLEASE SIGN THIS APPLICATION WHERE INDICATED FOLLOWING THE NOTICES BELOW.**

**Notice to Arizona Applicants:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to civil and criminal penalties.

**Notice to Arkansas 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 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 policyholder 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 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false 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 the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 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 Tennessee and 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 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 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

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

Send completed application to:

Lee & Mason Financial Services, Inc.  
195 Farmington Avenue, Suite 301  
Farmington, CT 06032  
Tel: 860-677-0500 Fax: 860-677-1227  
E-mail: [LMPro@leeandmason.com](mailto:LMPro@leeandmason.com)