



# Professional Liability Insurance for Insurance Agents and Brokers Renewal Application

**Aspen American Insurance Company**  
**590 MADISON AVENUE, 7TH FLOOR**  
**NEW YORK, NY 10022**

(A stock insurance company)

**(This is an application for a Claims Made Policy)**

1. Name of Applicant: \_\_\_\_\_
  - a. Has your address changed in the past year?  Yes  No If "Yes", please attach details.
  - b. Have there been any changes in ownership in the past year?  Yes  No If "Yes", please attach details.
  - c. During the past year has your name changed, or have you purchased, been purchased, merged or consolidated with any other business?  Yes  No If "Yes", please attach details.
2. Do you anticipate any significant changes in the nature of your operation, or changes of 25% or more in the size of your operations, over the next twenty four (24) months?  Yes  No If "Yes", please attach details.
3. Indicate your total employee headcount: \_\_\_\_\_
4. Please indicate your premium volume and **gross insurance commissions and fees** for the current twelve months along with projections for the next twelve months:

	P&C Premiums	Life/A&H Premiums	Annual Gross P&C Commissions and Fees (before split with others)	Annual Gross L/A&H Commissions and Fees (before split with others)
Current Twelve Months				
Next Twelve Months				

5. Please indicate and describe your non-insurance revenues for the current twelve months along with projections for the next twelve months:

	<u>Non-Insurance Revenue</u>	<u>Sources</u>
Current Twelve Months: \$ _____		
Next Twelve Months: \$ _____		

6. Please list the percentage of your business derived from your activities in each role (total must equal 100%):

Agent: \_\_\_\_%      Broker: \_\_\_\_%      **MGA/General Agent/Program Administrator\***: \_\_\_\_%

Wholesaler: \_\_\_\_%      Reinsurance Broker/Intermediary: \_\_\_\_%

Other: \_\_\_\_% (Please Specify) \_\_\_\_\_

**\*If any of your business is derived from activities as an MGA/General Agent/Program Administrator, please complete the MGA/GENERAL AGENT/PROGRAM ADMINISTRATOR Supplemental Application.**

7. Please indicate the percentage of your total premium volume from the following: **(Total of all sections combined must equal 100%)**:

**Personal Lines:**

Standard Auto \_\_\_\_\_ %  
Umbrella \_\_\_\_\_ %  
Non-Standard Auto \_\_\_\_\_ %  
Marine \_\_\_\_\_ %  
Homeowners \_\_\_\_\_ %  
Flood, Wind \_\_\_\_\_ %  
Other (Specify) \_\_\_\_\_ %

**Group Life/Accident & Health:**

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

**Commercial Lines:**

Auto (except long haul trucking) \_\_\_\_\_ %  
Long Haul Trucking \_\_\_\_\_ %  
Workers Comp \_\_\_\_\_ %  
Flood, Wind \_\_\_\_\_ %  
BOP/SMP \_\_\_\_\_ %  
Fidelity \_\_\_\_\_ %  
GL/Products \_\_\_\_\_ %  
Surety \_\_\_\_\_ %  
Commercial Property \_\_\_\_\_ %  
Aviation \_\_\_\_\_ %  
Inland Marine \_\_\_\_\_ %  
Crop \_\_\_\_\_ %  
Ocean Marine \_\_\_\_\_ %  
Professional Liability/D&O \_\_\_\_\_ %  
Medical Malpractice \_\_\_\_\_ %  
Other (Specify) \_\_\_\_\_ %

**Individual Life/Accident & Health:**

Term Life \_\_\_\_\_ %  
Whole Life \_\_\_\_\_ %  
LTD \_\_\_\_\_ %  
Universal Life \_\_\_\_\_ %  
STD \_\_\_\_\_ %  
Fixed Annuities \_\_\_\_\_ %  
Health \_\_\_\_\_ %  
Accident/AD&D \_\_\_\_\_ %  
LTC \_\_\_\_\_ %  
Credit Life \_\_\_\_\_ %  
Split Dollar \_\_\_\_\_ %  
Premium Financed Life \_\_\_\_\_ %  
COLI/BOLI \_\_\_\_\_ %  
Other (Specify) \_\_\_\_\_ %

8. Does the Applicant specialize or focus its operation on any specific industry?  Yes  No  
If "Yes," please provide details: \_\_\_\_\_

9. Please indicate if you provide the following services:	<b><u>Yes</u></b>	<b><u>No</u></b>
A. Claims Adjusting	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," do you have the authority to deny claims?	<input type="checkbox"/>	<input type="checkbox"/>
B. Claims Draft Authority. If "Yes," indicate maximum amount: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Inspections, Safety Engineering, Loss Control or Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
D. Policy Issuance	<input type="checkbox"/>	<input type="checkbox"/>
E. TPA Services. If "Yes," please describe: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
F. Reinsurance Placement	<input type="checkbox"/>	<input type="checkbox"/>
G. Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>
H. Underwriting. If "Yes," complete the MGA Supplemental Application	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you had any agency contracts cancelled by any insurance carrier for reasons other than lack of production?  
 Yes  No      If "Yes", please attach details.

11. Have you or any of your directors, officers, employees or partners been the subject of a disciplinary action,

investigation or complaint during the past policy period as a result of any professional activities?  
 Yes     No    If "Yes", please attach details.

12. What is the number of sensitive data records currently stored?    # \_\_\_\_\_

13. Does your agency have a secure firewall and up-to-date anti-virus program?     Yes     No

14. Is encryption used when transmitting personal information?     Yes     No

15. Does the Applicant have a document retention and destruction policy?     Yes     No

16. Does the Applicant restrict access to private consumer information or customer files to employees on a business need to know basis?     Yes     No

All written statements and materials furnished in conjunction with this application including any supplements attachments made there to by or on behalf of the applicant are hereby incorporated into this application and made a part hereof.

This application does not bind you to buy, nor us to issue the insurance, but it is agreed that this application shall be the basis of the contract between us should a policy be issued, and it will be attached to and made a part of the policy. You declare that the statements set forth in this application are true. You agree that if the information supplied in this application changes between the date stated below and the time when the policy is issued, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

**FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

**NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON:** Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits. **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 POLICYHOLDER 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 KANSAS APPLICANTS:** an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto. **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 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 may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation. **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 or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state 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 material false information or conceals for the purposes 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 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 VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Title (Please Print or Type)

\_\_\_\_\_  
Date (MM / DD/ YYYY)

\_\_\_\_\_  
Print or Type Name Agent/Broker for Applicant

\_\_\_\_\_  
Signature Of Agent/Broker

\_\_\_\_\_  
Print or Type Name of Insurance Brokerage

\_\_\_\_\_  
Title Of Agent/Broker

\_\_\_\_\_  
Date (MM / DD/ YYYY)