



P.O. Box 5441 Richmond, VA 23220
 Phone: 800-396-6226
 Fax: 888-359-6994
 www.commund.com

**Insurance Agents and Brokers Professional Liability
 RENEWAL APPLICATION
 (This is an application for a claims made policy)**

1. Name of Applicant: _____
 Address: _____

 Phone No: _____ Fax No: _____
 Website: _____ Email: _____

2. Indicate any changes from your current policy desired upon renewal: _____

3. 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.

4. 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 24 months? Yes No If "Yes", please attach details.

5. Indicate your total employee headcount: _____

6. Please indicate your premium volume and **gross insurance commissions and fees** for the past year and projections for current year:

<u>Year</u>	<u>P&C Premiums</u>	<u>Life/A&H Premiums</u>	<u>Gross P&C Commissions/Fees</u>	<u>Gross Life/A&H Commissions/Fees</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Please indicate and describe your non-insurance revenues for 12 months:

<u>Non-Insurance Revenue</u>	<u>Sources</u>
\$ _____	_____
\$ _____	_____

8. 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 : _____% (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**

9. 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-Std Auto _____%
 Marine _____% Homeowners _____% Other _____% (Specify) _____

Commercial Lines:

Auto (except long haul trucking) _____%	Workers Comp (Retro) _____%
Long Haul Trucking _____%	Workers Comp (Non-retro) _____%
BOP/SMP _____%	Fidelity _____%
GL/Products _____%	Surety _____%
Commercial Property _____%	Aviation _____%
Inland Marine _____%	Crop _____%
Ocean Marine _____%	Professional Liability/D&O _____%
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 _____%
Split Dollar _____%	Premium Financed Life _____%
COLI/BOLI _____%	Other _____% (Specify) _____

10. Please provide a breakdown of **client** industries served for Commercial Property & Casualty placement only. If **not** applicable, please check here

Transportation _____%	Construction _____%	Legal _____%
Warehouse _____%	Medical/Hospital _____%	Technology _____%
Manufacturing _____%	Government _____%	Insurance _____%
Hospitality (including bars, restaurants, inns, etc.) _____%		
All Other _____% (breakdown of other): _____		

11. Please indicate if you provide the following services:

	<u>Yes</u>	<u>No</u>
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	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please describe:		

F. Reinsurance Placement	<input type="checkbox"/>	<input type="checkbox"/>
G. Actuarial Service	<input type="checkbox"/>	<input type="checkbox"/>
H. Underwriting	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please complete the MGA Supplemental Application.		

12. 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.

13. Changes:

- a. Has there been a change of greater than 10% (increase or decrease) in any of the lines of business placed by you during the past policy period? Yes No If "Yes", please attach details.
- b. Have you placed business with any insurers that were not listed on your previous application? Yes No If "Yes", please attach details.
- c. 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.

All written statements and materials furnished in conjunction with this application 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.

Print Name and Title

Applicant's Signature/Title

Date