

Submit for Quote Approval

Please FAX us your application and supporting documents.

FAX 888 272-7550

We will FAX back a competitive response as soon as AIG responds.

Don't Forget! (We Need These Items.)

1. Loss Runs if renewing.
2. A detailed resume of experience if new in business.
3. Acord 125 Commercial App.



Name Of Insurance Company To Which Application is Made:
(herein called the Company)

THIRD PARTY ADMINISTRATORS PROFESSIONAL LIABILITY APPLICATION

NOTICE: IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS. THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT:
ADDRESS:

2. APPLICANT IS:

- A) CORPORATION PARTNERSHIPS INDIVIDUAL
B) NONPROFIT FOR PROFIT

3. EFFECTIVE DATE DESIRED:

4. YEAR ESTABLISHED:

5. A) IS THE APPLICANT FIRM CONTROLLED BY, OWNED BY OR ASSOCIATED WITH, OR DOES THE APPLICANT FIRM OWN OR COTROL ANY OTHER FIRM, CORPORATION OR COMPANY?

YES NO IF YES, PLEASE ATTACH A DETAILED EXPLANATION.

B) ARE ANY SERVICES LISTED IN QUESTION 9 PROVIDED TO SUCH ORGANIZATIONS DESCRIBED IN A)?

YES NO

6. A) NUMBER OF PRINCIPALS, PARTNERS, OFFICERS AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS:

B) NUMBER OF CLAIMS ADJUSTERS:

C) NUMBER OF NON-PROFESSIONAL EMPLOYEES (clerks, secretaries, etc.):

7. LIMITS OF LIABILITY DESIRED

- \$500,000 \$1,000,000 \$3,000,000 each wrongful act or series of continuous, repeated or interrelated wrongful acts

- \$500,000 \$1,000,000 \$3,000,000 Aggregate

8. DEDUCTIBLE

- \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other, Specify \$

9. GIVE APPROXIMATE PERCENTAGE OF REVENUES DERIVED FROM ALL OPERATIONS ENGAGED IN:

| OPERATIONS DESIRED | PERCENTAGE of 12A) RECEIPTS | IF COVERAGE DESIRED (CHECK HERE) |
|--|--------------------------------|--|
| Providing Actuarial Services | _____ % | _____ |
| Administration of Health and Welfare Plans (specify type of plan) | | |
| Single Employer Plans | _____ % | _____ |
| Multi employer benefit plans (Taft-Hartley Trusts) | _____ % | _____ |
| Multiple Employer Welfare Arrangements (MEWAs) | _____ % | _____ |
| Multiple Employer Trusts (METs) | _____ % | _____ |
| Administration of Pension Plans | _____ % | _____ |
| Computer Services | | |
| Electronic data processing/collection | _____ % | _____ |
| Electronic data consulting | _____ % | _____ |
| Software design development or customization | _____ % | _____ |
| The design development or customization of computer software sold or provided to third party outside the normal operations of the applicant as a TPA | _____ % | _____ |
| Employee Assistance Programs | | |
| Administrator | _____ % | _____ |
| Provider | _____ % | _____ |
| Providing Utilization Review Services | _____ % | _____ |
| Insurance Related Services | _____ % | _____ |
| Acting as an insurance agent or Broker | _____ % | _____ |
| Acting as an advisor/consultant | _____ % | _____ |
| Premium collection and billing | _____ % | _____ |
| Hold any underwriting authority/policy issuance | _____ % | _____ |
| Providing Cost Containment services | _____ % | _____ |
| Providing Case Management services | _____ % | _____ |
| Providing employee "wellness" or other health related program literature or correspondence | _____ % | _____ |
| Acting as an Administrator for Credentialing services (verification of a health care provider's credentials) | _____ % | _____ |
| Acting as a Notary Public | _____ % | _____ |
| Other _____ | _____ % | _____ |
| Total | _____ % | _____ |
| Must equal 100% | | |

10. WHAT TYPES OF CLIENTS DOES YOUR FIRM SERVICE?

Health
and
Welfare
Plans

Pension
Plans

Profit
Sharing

Other
(Please
Specify)

Single
Employer
METS/MEWAS
HMO's
PPO's
PUBLIC/
GOV'T
PLANS
TAFT
HARTLEY
INSURANCE
COMPANY

11. IS THE APPLICANT ENGAGED IN ANY BUSINESS OR PROESSION OTHER THAN AS DESCRIBED IN QUESTION 9? YES NO
IF YES, PLEASE ATTACH AN EXPLANATION AND ESTIMATED REVENUES.

12. LIST THE TOTAL GROSS RECEIPTS FOR THE PST THREE YEARS DERIVED FROM THOSE ACTIVITIES IN QUESTION 9. IN ADDITION, PLEASE LIST PROJECTED RECEIPTS FOR THE CURRENT YEAR AND THE NEXT YEAR.

| | YEAR | AMOUNT |
|----|---------------------|----------|
| A) | NEXT YEAR PROJECTED | \$ _____ |
| B) | CURRENT | \$ _____ |
| C) | _____ | \$ _____ |
| D) | _____ | \$ _____ |
| E) | _____ | \$ _____ |

13. (A) NUMBER OF PLAN SPONSORS _____
 (B) NUMBER OF PARTICIPANTS FOR PLANS ADMINISTERED BY THE APPLICANT: _____
 (C) TOTAL ANNUAL CONTRIBUTIONS TO THE PLANS ADMINISTERED BY THE APPLICANT: _____

 (D) TOTAL ANNUAL BENEFIT PAYMENTS ISSUED IN THE ADMINISTRATION OF ALL SUCH PLANS:

 (E) NUMBER OF PLAN SPONSORS ADDED AND DELETED IN THE PAST YEAR: _____

(F) WHAT PERCENTAGE OF ALL PLANS ARE:

SELF FUNDED WITH STOP LOSS _____

SELF FUNDED WITH NON STOP LOSS _____

FULLY INSURED _____

(G) LIST CARRIERS THAT STOP LOSS COVERAGE ARE PLACED WITH: _____

14. DOES THE APPLICANT FIRM, ITS PARTNERS, DIRECTORS, OFFICERS OR EMPLOYEES ACT AS TRUSTEE FOR ANY CLIENTS ON NON CLIENTS? YES NO
IF YES, PLEASE EXPLAIN IN DETAIL _____

15 DOES YOUR FIRM ADMINISTER ANY SELF-FUNDED MULTIPLE EMPLOYER TRUSTS (METS) OR MULTIPLE EMPLOYER WELFARE ARRANGEMENTS (MEWAS)? YES NO
IF YES, PLEASE EXPLAIN IN DETAIL ON SEPARATE SHEET.

16 (A) NAME AND ADDRESS OF LAW FIRMS ACTING AS COUNSEL TO THE APPLICANT FIRM AND NATURE OF SERVICES PROVIDED:

(B) NAME AND ADDRESS OF ALL FIRMS PROVIDING ACCOUNTING SERVICES TO THE APPLICANT AND THE NATURE OF SERVICES PROVIDED:

17. PLEASE PROVIDE THE FOLLOWING information Regarding Your Firm (or detailed resumes may be substituted):

| NAME IN FULL OF ALL PARTNERS/ PRINCIPALS/ OFFICERS/ DIRECTORS | PROFESSIONAL QUALIFICATIONS | DATE QUALIFIED | HOW LONG IN PRACTICE | HOW LONG AS PARTNER PRINCIPAL OFFICER DIRECTOR |
|--|--------------------------------|-------------------|----------------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

18. TO WHAT PROFESSIONAL ASSOCIATION(S) DOES THE APPLICANT FIRM BELONG?

19. TO WHICH PROFESSIONAL AND GOVERNMENTAL PUBLICATIONS DOES THE APPLICANT FIRM SUBSCRIBE?

20. A) DOES THE APPLICANT HAVE PROFESSIONAL LIABILITY ERROR AND OMISSIONS INSURANCE IN FORCE? YES NO

If yes, please provide coverage details.

Name of Carrier: _____

Limit of Liability: _____ Deductible: _____

Policy Period: _____

Premium: _____

Claims Experience: On the supplemental claims form please attach full details of claims history for the past 5 years.

If no claims, check here

B) DOES THE APPLICANT HAVE DIRECTORS & OFFICERS INSURANCE IN FORCE? YES NO
(If yes, please provide coverage details)

Name of Carrier: _____

Limit of Liability: _____ Retention: _____

Policy Period: _____

Premium: _____

Claims experience: On supplemental claims form please attach full details of claims history for the past 5 years.

If no claims, check here

Claims Experience: _____

C) DOES THE APPLICANT HAVE A FIDELITY BOND? YES NO
(If yes, please provide coverage details)

Name of Carrier: _____

Amount of Insurance: _____ Deductible: _____

Policy Period: _____

Premium: _____

Claims Experience: On the supplemental claims form please attach full details of claims history for the past 5 years.

If no claims, check here

D) DOES THE APPLICANT HAVE ERISA FIDUCIARY LIABILITY COVERAGE IN FORCE? YES NO
(If yes, please provide coverage details)

Name of Carrier: _____

Limit of Liability: _____ Retention: _____

Policy Period: _____

Premium: _____

Claims Experience: On a supplemental claims form, please attach full details of claims history for the past 5 years.

If no claims, check here

21. PLEASE INCLUDE A LIST OF APPLICANT FIRM'S FIVE (5) LARGEST CLIENTS DURING THE PAST THREE (3) YEARS. PLEASE GIVE, IN DETAIL: 1) client name; 2) the nature of the services provided (type of plan administered); 3) number of lives; 4) the revenues obtained from those services.

22. DESCRIBE HOW YOUR FIRM SCREENS AND QUALIFIES PLAN SPONSORS: _____

23. PLEASE OUTLINE BELOW THE APPLICANT FIRM'S STANDARDS OF PRACTICE (PROCEDURAL PROTOCOLS)

- A) HOW DO YOU COMPLY WITH INDIVIDUAL PLAN ADMINISTRATION GUIDELINES?

- B) HOW DO YOU DETERMINE DENIAL OF BENEFITS?

- C) WHAT PERCENTAGE OF INQUIRES ARE REFERRED TO A PHYSICIAN? _____%

- D) WHAT PERCENTAGE OF CLAIMS ARE DENIED? _____%

- E) WHAT PERCENTAGE OF DENIALS ARE APPEALED? _____%

- F) WHAT IS THE PROTOCOL FOR DENYING BENEFITS OR COVERAGE?

- G) HOW ARE CLAIMANTS INFORMED OF DENIAL OF BENEFITS?

H) WHAT IS THE APPEAL PROCESS FOR DENIAL OF CLAIMS?

I) WHAT IS THE AVERAGE ERROR RATE OR YOUR CLAIMS HANDLERS? _____

J) PLEASE PROVIDE A COMPLETED COPY OF YOUR STANDARDS OF PRACTICE IF AVAILABLE.

24. A) WHICH OF THE FOLLOWING ARE FUNCTIONS OF YOUR FIRM'S ELECTRONIC DATA PROCESSING SYSTEM?

- Calculation of Co payments
- Calculation of Deductibles
- Claim Eligibility
- Confidentiality Safeguards
- Enrollment Information
- Monitoring of Duplicate Claims
- Managing Reports
- Appeal Tracking
- Adjustors accuracy
- Check Registers (weekly and monthly)
- Details on Large Claims
- Detailed Payment Registers/Analysis
- Independent Stop Loss Information
- Monthly Aggregate reports by case (claim or aggregate specific)
- Summaries by Policy Year
- Telephone Tracking Systems
 - Number of Call backs Due to System Failure
 - Total Number Calls Received
 - Turn Around Time
- Time Service
- Types of Losses
- Cost Containment and Expense control
- Audit Results
- Productivity Reports

B) DOES YOUR SYSTEM CONTAIN CHECKS AND BALANCES TO GUARD AGAINST:

- Over Payments
- Under Payments
- Late Payments
- Payments to wrong party
- Payments from wrong fund
- Payments of noncovered expenses
- Improper refusal of benefits
- Unfair/unjust enrichments
- Failure to follow payment guidelines or procedures

25. HOW OFTEN DOES YOUR ORGANIZATION DO AN INTERNAL AUDIT? _____

WHAT SITUATIONS ARE THE AUDIT GUIDELINES DESIGNED TO REVEAL?

26. DOES THE APPLICANT FIRM USE A WRITTEN CONTRACT WITH CLIENTS?

In All Cases Sometimes Never

Please attach a copy of your standard contract.

27. WHAT PERCENTAGE OF THE APPLICANT FIRM'S BUSINESS INVOLVED SUBCONTRACTING OF WORK TO OTHERS? _____% LIST TYPES OF WORK SUBCONTRACTED OUT.

28. HAS THE APPLICANT FIRM OR ANY OF THE INDIVIDUALS LISTED IN QUESTION #17 EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY AUTHORITIES AS A RESULT OF ANY PROFESSIONAL ACTIVITIES?

E) (IF YES, PLEASE EXPLAIN)

YES NO

29. DOES ANY PROPOSED INSURED 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 A FULLY COMPLETED SUPPLEMENT CLAIMS FORM).

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS ANY CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

30. FOR ANY AND ALL CLAIMS MADE AGAINST ANY PROPOSED INSURED DURING THE PAST 5 YEARS. PLEASE ATTACH THE SUPPLEMENTAL CLAIMS FORM PROVIDED.

IF NONE, PLEASE CHECK HERE NONE.

31. PLEASE ATTACH COPIES OF MARKETING BROCHURES.

32. PLEASE ATTACH COPIES OF MOST RECENT AUDITED FINANCIAL STATEMENTS.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

PRODUCERS: _____

APPLICANT'S
SIGNATURE _____

ADDRESS: _____

TITLE _____

DATE _____

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

THE INSURED HEREBY ACKNOWLEDGES THAT HE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSURED: _____

BY: _____

TITLE: _____

DATE: _____

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 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 AUTHORITIES."

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 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 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 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS 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 PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

| | | | | |
|---|-------------------------------|---------------------------------|----------------------|-------------|
| PRODUCER | PHONE (A/C, No, Ext): | CARRIER | NAIC CODE: | UNDERWRITER |
| | POLICIES OR PROGRAM REQUESTED | | | |
| | CODE: | SUB CODE: | AGENCY CUSTOMER ID | |
| INDICATE SECTIONS ATTACHED | | EQUIPMENT FLOATER | GARAGE AND DEALERS | |
| PROPERTY | | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE | |
| GLASS AND SIGN | | ELECTRONIC DATA PROC | BOILER & MACHINERY | |
| ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION | |
| CRIME/MISCELLANEOUS CRIME | | BUSINESS AUTO | UMBRELLA | |
| TRANSPORTATION/ MOTOR TRUCK CARGO | | TRUCKERS/MOTOR CARRIER | | |

| STATUS OF SUBMISSION | | PACKAGE POLICY INFORMATION | | | |
|---------------------------------------|---------------------------------------|--|-------------------|--------------|--------------|
| <input type="checkbox"/> QUOTE | <input type="checkbox"/> ISSUE POLICY | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | | |
| BOUND (Give Date and/or Attach Copy): | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN |
| DATE | TIME | | | DIRECT BILL | AUDIT |
| | | | | AGENCY BILL | |

| APPLICANT INFORMATION | |
|---|--|
| NAME (First Named Insured & Other Named Insureds) | FEIN OR SOC SEC # (of First Named Ins): PHONE (A/C, No, Ext): |
| MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | |
| INDIVIDUAL | CORPORATION |
| PARTNERSHIP | JOINT VENTURE |
| SUBCHAPTER "S" CORPORATION | LIMITED CORPORATION |
| NOT FOR PROFIT ORG | CR BUREAU NAME |
| ID NUMBER | YEAR BUS STARTED |
| INSPECTION CONTACT | PHONE (A/C, No, Ext): |
| ACCOUNTING RECORDS CONTACT | PHONE (A/C, No, Ext): |

| PREMISES INFORMATION | | | | | | |
|----------------------|-------|------------------------------------|-------------|----------|----------|---------------|
| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | PART OCCUPIED |
| | | | INSIDE | OWNER | | |
| | | | OUTSIDE | TENANT | | |
| | | | INSIDE | OWNER | | |
| | | | OUTSIDE | TENANT | | |
| | | | INSIDE | OWNER | | |
| | | | OUTSIDE | TENANT | | |

| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) |
|--|
| |

| GENERAL INFORMATION | | | |
|---|--------|--|--------|
| EXPLAIN ALL "YES" RESPONSES | YES NO | EXPLAIN ALL "YES" RESPONSES | YES NO |
| 1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | 8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | |
| 4. ANY CATASTROPHE EXPOSURE? | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO | | | |

| REMARKS |
|---------|
| |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

| | |
|-----------------------|----------------------|
| APPLICANT'S SIGNATURE | PRODUCER'S SIGNATURE |
|-----------------------|----------------------|

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|-----------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | RETRO DATE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| AUTOMOBILE LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | |

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS |
|--------------------|------|---|---------------|-------------|-----------------|--------------|
| | | | | | | OPEN |
| | | | | | | CLOSED |
| | | | | | | OPEN |
| | | | | | | CLOSED |

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.