



HAMILTON

## INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS RENEWAL APPLICATION

### APPLICANT INFORMATION

<b>Current Hamilton Policy Number:</b>	
<b>Legal Name of the Applicant:</b>	
<b>Mailing Address:</b>	

**Please provide information regarding any changes to ownership, affiliated entities or other material changes since the inception of the last policy.**

### GENERAL INFORMATION

**1. List the applicant firm's personnel (each individual should be classified in only one category):**

Owners, Officers, Partners		Exclusive Non-employee Producers	
Employee Solicitors, Brokers, Agents		Non-exclusive Producers	
Other employees (including clerical)		<b>TOTAL STAFF (including part-time)</b>	

**2. Provide the following information for the:**

	Annual Premiums	Annual Commission Income	Policy Count	Annual Other Income
Most recent 12 months	\$	\$		\$
Projected next 12 months	\$	\$		\$

**3. List the five (5) companies for whom the applicant firm places the most annual premium:**

Name of Insurance Company	% of Total Premium Volume	AM Best Rating	Years Represented	Major Lines Placed	Binding Authority? Yes or No	If binding authority, what line(s) of business?
	%					
	%					
	%					
	%					
	%					

4. Approximate percentage of the total annual volume you do as:			
Agent	%	Retail or Business direct from other agents	%
Broker	%	Wholesale or Business accepted from other agents	%
Managing General	%	<b>Must Total</b>	<b>100%</b>
Surplus Lines Broker	%		
Consultant (for fee)	%		
Other (specify)	%		
<b>Must Total</b>	<b>100%</b>		

5. Please categorize your total annual premium volume by line of business:			
A		C	
%	Personal Lines Home/Auto-Standard	%	Accident, Life & Health – Group
%	<b>Sub-total (A)</b>	%	Accident, Life & Health – Individual
B		%	Aviation
%	Bonds	%	Crop
%	Commercial (Auto-Other than Long Haul)	%	Long Haul or Intermediate Trucking
%	Commercial – General Liability	%	Marine-Ocean or other “Wet” Marine
%	Commercial – Property	%	Physicians/Hospitals
%	Inland Marine	%	Professional Liability/D&O
%	Personal Lines Home/Auto Sub-standard	%	Other (explain)
%	Workers Compensation	%	<b>Sub-total (C)</b>
%	<b>Sub-total (B)</b>	<b>100%</b>	<b>Total A + B + C</b>
<b>Please provide details on the “Other” answer above in the space provided below:</b>			

## RISK MANAGEMENT

<b>6.</b> Do you confirm to the insured, in writing, all declinations of coverage?	Yes	No
If “No”, please explain why not:		
<b>7.</b> Do you confirm, in writing, an insured’s rejection of increased uninsured motorist or underinsured motorist limits 100% of the time?	Yes	No
If “No”, please explain why not:		



<b>8.</b> In the past twelve (12) months, has any carrier (or other risk bearing entity) with which your agency has placed business become insolvent, bankrupt, put into rehabilitation/receivership, or otherwise become unable to meet its duties to insureds?	Yes	No
If "Yes", please provide the name of the entity, dates involved, lines of business placed, and premium involved:		
<b>9.</b> Has any contract for this agency been withdrawn by a carrier in the last twelve (12) months for any reason other than lack of productions?	Yes	No
If "Yes", please explain:		

**INSURANCE AND LOSS HISTORY**

<b>10.</b> After inquiry with each person as appropriate, in the last twelve (12) months have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? <b>If "Yes", please complete a supplemental claim form for each matter.</b>	Yes	No
<b>11.</b> After inquiry with each person as appropriate, has there been any change in the status of previously reported claims? <b>If "Yes", please provide updated loss runs for any previously reported unresolved claims</b>	Yes	No
<b>12.</b> After inquiry with each person as appropriate, have any new claims, incidents or circumstances been reported to any previous carrier under an extended reporting period? <b>If "Yes", please complete a supplemental claim form for each matter and provide currently valued loss runs for the relevant policy.</b>	Yes	No
<b>13.</b> After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? <b>If "Yes", please complete a supplemental claim form for each matter.</b>	Yes	No
<b>14.</b> After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past twelve (12) months? <b>If "Yes", please provide in a description of circumstances, and if applicable, a copy of the regulatory body's decision and any penalties involved.</b>	Yes	No

**FRAUD WARNING**

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA,



**MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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 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 an 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 \$5,000 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/she 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 a 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 civil penalties.

**NOTICE TO TENNESSEE 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**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 of this application.**

**Applicant Signature** \_\_\_\_\_  
(must be signed by an owner, principal, partner or officer)

**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_