

International Placement Services, Inc.  
 101 S. Hanley Rd., Ste 700  
 St. Louis, MO 63105

**SPECIALIZED INSURANCE AGENTS AND INSURANCE BROKERS  
 APPLICATION**

**IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS.**

**NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

1. Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_

2. Year established: \_\_\_\_\_. If less than three years ago, please attach resumes of all principals.

3. Limits of Liability desired:  
 \$ \_\_\_\_\_ each Claim and Related Claims  
 \$ \_\_\_\_\_ aggregate for all Claims

4. Deductible desired: \$ \_\_\_\_\_ each Claim

5. Is the Applicant controlled, owned by, associated or affiliated with, or does it own, any other firm or business enterprise?  Yes  No  
 If "yes," please attach an explanation and indicate whether the Applicant provides services to any such firm or business enterprise.

6. During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with, or been purchased by, any other business?  Yes  No  
 If "yes," please attach an explanation.

7. Does the Applicant anticipate any changes in the nature or size of its business during the next two years?  
 Yes  No

If "yes" and the anticipated change in size is greater than 25%, please attach an explanation.

8. Please provide the following:

Name of Partners and Principals	Years in Insurance	Years Licensed	Years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Please state the total number of employees: \_\_\_\_\_. Of these, please state how many are licensed brokers \_\_\_\_\_, other management/professional employees \_\_\_\_\_ and all other (administrative, etc.) \_\_\_\_\_.

10. a. If the Applicant has independent contractors working from its office, is the Applicant requesting coverage for them under its E&O policy?  Yes  No  
 b. Does the Applicant require its independent contractors to maintain their own E&O insurance?  Yes  No

11. a. Please indicate the premium volume produced by or through the Applicant and the revenues earned by the Applicant during the past two years, and the Applicant's projections of premium volume and revenue for the current year:

YEAR	PREMIUM VOLUME	TOTAL REVENUE
Current	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

b. Please describe the sources and amounts of non-insurance revenues during the past twelve months:

SOURCE	NON-INSURANCE REVENUE
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. a. What percentage of the Applicant's business is sub-produced by other? \_\_\_\_\_%  
 b. What percentage of the Applicant's business is placed through others? \_\_\_\_\_%

13. Please indicate the percentages of your premium volume derived from the lines of business listed below (total of all lines should equal 100%). P = Primary; X/S = Excess

Commercial Lines		Personal Lines	
Aviation	_____%	Auto (Standard)	_____%
Med. Malpractice (P or X/S)	_____%	Auto (Non-standard)	_____%
Ocean Marine	_____%	Homeowners/Marine	_____%
Workers' Comp. (P or X/S)	_____%	Umbrella	_____%
Auto	_____%		
Primary Gen'l Liability	_____%		
Umbrella/Excess Gen'l Liability	_____%	Life/A&H	
SMP/BOP	_____%	Individual Life	_____%
Commercial Property	_____%	Group Life	_____%
(other than SMP/BOP)	_____%	Individual A&H	_____%
Credit	_____%	Group A&H	_____%
Fidelity and Surety	_____%		
Prof. Liability/D&O	_____%		

14. Does the Applicant specialize or focus its operations on one or more industries or lines of business?

Yes  No

If "yes," please explain, and indicate the revenue derived from such specialty or line of business. If the Applicant offers a line of business not identified in question 13 above, please explain below:

\_\_\_\_\_

15. Please state the approximate total number of property/casualty policies written annually by the Applicant:

\_\_\_\_\_

16. Does the Applicant:

- a. adjust claims?  Yes  No
- b. have claims draft authority?  Yes  No  
(if "yes," state maximum amount: \$ \_\_\_\_\_)
- c. set reserves for claims?  Yes  No
- d. place any reinsurance?  Yes  No
- e. do inspections or safety engineering?  Yes  No
- f. provide loss control or risk management services?  Yes  No
- g. have any binding authority?  Yes  No
- h. issue policies or endorsements?  Yes  No
- i. appoint sub-agents?  Yes  No
- j. sell securities?  Yes  No

For each "yes" answer, please attach an explanation and copies of any contracts that apply.

17. a. Please describe, if applicable, procedures used to assure that sub-producers are properly licensed.

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- b. If applicable, are such procedures documented?  Yes  No  Not Applicable  
If "No," please attach an explanation.

18. Is the Applicant involved in the establishment or management of insurance companies, risk retention groups, pools or captives?  Yes  No

If "yes" and the Applicant is requesting coverage for this service, please attach an explanation. NOTE: The policy for which this Application is made ordinarily excludes this coverage, and attaching an explanation in response to this question does not mean that such coverage will be provided.

19. Please indicate the Applicant's three largest placements/jobs/projects during the past three years:

CLIENT	SERVICE	REVENUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Has the Applicant had any agency contracts canceled by any insurance carrier?  Yes  No  
If "yes," please attach an explanation.

21. a. List the top five insurers (including companies, syndicates, captives, etc.) with which the Applicant has placed business during the past three years:

INSURER	Current Annual Premium Volume	Und. Authority		Current A.M. Best Rating
		Yes	No	
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

b. Has the Applicant placed business with an insurer (including companies, syndicates, captives, etc.) that became insolvent, or the equivalent, in the past three years?  Yes  No  
If "yes," please attach an explanation, including the name of the insurer and the amount of business placed with each insurer.

22. Does the Applicant have:

- a. written standard operating procedures?  Yes  No
- b. file review schedules?  Yes  No
- c. written procedures for documenting files, including phone calls?  Yes  No
- d. a records retention schedule?  Yes  No
- e. a method for maintaining proof of mailing address?  Yes  No
- f. procedures to check policies before release to insureds?  Yes  No
- g. funds segregated into premium trust accounts?  Yes  No
- h. a system to notify mortgagors of policy cancelations?  Yes  No
- i. a 90-day renewal diary system for all policies?  Yes  No
- j. a system to monitor issuance of certifications of insurance?  Yes  No

Are all the procedures answered "yes" above documented in a procedural manual for employees to follow?

- Yes  No

23. Does the Applicant:

- a. date stamp all incoming mail?  Yes  No
- b. confirm verbal binders in writing?  Yes  No
- c. document a client's refusal to accept coverage/  
limits recommendations?  Yes  No
- d. maintain policy expiration lists?  Yes  No
- e. maintain current financial ratings on the carriers with  
which it places business?  Yes  No
- f. have an approved list of insurance carriers?  Yes  No
- g. conduct self-audits of systems and procedures?  Yes  No
- h. have a policy for placing business with insurers with  
an A.M. Best Rating of less than A-?  Yes  No

24. Please attach the Applicant's most recent annual report/financial statement and any promotional material.

25. Has any carrier ever canceled or declined to issue errors and omissions or professional liability insurance covering the Applicant?  Yes  No  
If "yes," please attach an explanation.

26. Does the Applicant currently have errors and omissions or professional liability insurance in force?  Yes  No  
If "yes," please indicate:

Name of Insurer: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
Length of time coverage has been continually in force: \_\_\_\_\_

27. a. Has the Applicant or any of its directors, officers, employees or partners ever been the subject of any disciplinary action or investigation as a result of professional activities?  Yes  No  
If "yes," please attach an explanation.
- b. Please attach a list identifying all errors and omissions claims made during the past five years against the Applicant or any of its directors, officers, employees or partners, and show on such list the status of each such claim. If there are no such claims, please indicate here:  No claims
- c. Does any director, officer, employee or partner 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 an explanation.

**Without prejudice to any other rights and remedies of the Company, any Claim arising from any action, investigation, claim, act, error or omission required to be disclosed in response to this question 27 is excluded from the proposed insurance.**

**FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.**

**THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED ON THIS APPLICATION AND ON SUCH ATTACHMENTS.**

**IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION.**

**THE UNDERSIGNED DECLARES THAT THE PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:**

- (A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND**
- (B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND**
- (C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.**

**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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND 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, WHICH IS A CRIME.**

**NOTICE TO OKLAHOMA APPLICANTS: 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

APPLICANT		
BY <i>(President and/or CEO Signature)</i>	TITLE	DATE

**NOTE: This Application must be signed by the president and/or CEO of the applicant acting as the authorized agent of the persons and entities proposed for this insurance.**

PRODUCED BY <i>(Insurance Agent)</i>	INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and Zip Code)</i>	

SUBMITTED BY <i>(Insurance Agency)</i>	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and Zip Code)</i>		