JAMES RIVER INSURANCE	**James River Insurance Company and its Subsidiaries** 6641 West Broad Street, Suite 300 Richmond, VA 23230	**Insurance Professionals E&O Application** **PROFESSIONAL LIABILITY Division** Email to PL@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Agency name:			
Home office address:			
City:		State:	Zip:
Phone:	Ext:	Fax:	
E-mail:		Website:	
List any additional offices and provide locations:			

Is applicant firm controlled, owned, affiliated, or associated with any other firm, corporation, or company? ☐ Yes ☐ No
If "Yes", please attach an explanation.

During the past five (5) years, has the name of the firm changed or has any other business been acquired, merged into, or consolidated with the original firm? ☐ Yes ☐ No
If "Yes", please attach an explanation.

Date established:

Date applicant was first licensed as a property/casualty agent or broker:
(If less than five (5) years in operation, please attach resumes of key personnel.)

SECTION II – AGENCY OPERATIONS

1. Provide the total number of personnel for each category:

	Full time	Part time
Licensed agents and brokers *(employees & principals)*		
Licensed agents and brokers *(independent contractors)*		
Clerical		
Other *(specify)*:		

2. Give the approximate percentage breakdown of the total of your premium volume and fees as: *(Must total 100%)*
   a. Retail agent % *(Business placed directly with insurance companies, JUAs, or assigned risk pool, etc.)*
   b. Retail broker % *(Business placed through other agents, MGAs, wholesalers, etc.)*
   c. Wholesale broker % *(Business received from other non-employee or contract brokers or agents and placed by applicant's agency)*
   d. MGA/MGU %
   e. Reinsurance Intermediary %
   f. Surplus Lines Broker %
   g. Risk Manager %
   h. Other % Specify:

3. Does applicant derive income from any activity/profession other than the sale of insurance products? ☐ Yes ☐ No
   If "Yes", please attach an explanation including the percentage of your total annual income derived from it.

4. Does applicant currently act or has applicant acted in the past five (5) years as an MGA, third party administrator, reinsurance intermediary, or provided services for a fee as a risk manager/consultant? ☐ Yes ☐ No
   If "Yes", attach an explanation including percentage of applicant's total annual premium volume derived from it.

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5. Does applicant provide any Department of Transportation (DOT) compliance services? If "Yes", please explain:	☐ Yes ☐ No
6. Does applicant provide any Department of Motor Vehicle (DMV) services?	☐ Yes ☐ No

SECTION III – PREMIUM VOLUME INFORMATION

1. List all insurance companies with which applicant's agency places business: *(Use attachment if necessary.)*

Insurance company	Direct placement	Total annual premium volume	AM Best rating	Admitted carrier
	☐ Yes ☐ No			☐ Yes ☐ No
	☐ Yes ☐ No			☐ Yes ☐ No
	☐ Yes ☐ No			☐ Yes ☐ No
	☐ Yes ☐ No			☐ Yes ☐ No
	☐ Yes ☐ No			☐ Yes ☐ No

2. Are there any insurance carriers with whom agency contracts that have been terminated in the last five (5) years and with whom 25% or more of applicant's annual premium was placed? ☐ Yes ☐ No
If "Yes", attach an explanation for each termination.

3. Breakdown date of annual premium volume by line of coverage:

4. Provide premium volume for each of the following **Personal** lines:

Automobile – standard	$ 0
Automobile – non-standard *(including assigned risk, JUAs, etc.)*	$ 0
Homeowners – standard	$ 0
Homeowners – non-standard *(including FAIR plans)*	$ 0
Personal Umbrella	$ 0
Other *(specify)*:	$ 0
Total personal lines	**$ 0**

5. Provide premium volume for each of the following **Commercial** lines:

Workers compensation	$ 0
Long haul trucking	$ 0
Commercial auto *(including livery)*	$ 0
Commercial General Liability	$ 0
Business owner's policy	$ 0
Commercial property	$ 0
Ocean/wet marine	$ 0
Inland marine	$ 0
Bonds	$ 0
Aviation	$ 0
Commercial umbrella/excess	$ 0
Physicians and hospitals	$ 0
Professional liability	$ 0
Trusts *(including workers compensation trusts, METs, MEWAs, etc.)*	$ 0
Risk retention plans	$ 0
Crop/hail	$ 0
Livestock/Animal Mortality/Equine	$ 0
Mexican Auto	$ 0
Other *(specify)*:	$ 0
Total commercial lines	**$ 0**

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6. Provide premium volume for each of the following **Life/Accident/Health** lines:	
Individual life	$ 0
Group life	$ 0
Individual health	$ 0
Group health	$ 0
Accident	$ 0
Pension Plans	$ 0
Securities	$ 0
Annuities	$ 0
Long term Care	$ 0
Life settlements/Transactions	$ 0
Total life/accident/health lines	**$ 0**
Provide **total volume for all lines**	**$ 0**

7. **Premium Volume:**	**Year**	**Premium**
Last 12 months		
One Year Prior		
Estimated Next Year		
Commission:		
Last 12 months		
Estimated Next Year		

8. What percentage of the premium volume listed in question 7 is written on a non-admitted basis? *(Do not include assigned risk, JUAs, and Fair plans.)* %

9. Does the total insured value of any commercial property or inland marine account written by the applicant exceed one million dollars *($1 million)*? ☐ Yes ☐ No
If "Yes", attach a list of accounts including the total insured value.

10. Do any of the following classes of business account for over 10% of the applicant's commercial premium volume?
   a. Bars/taverns/restaurants ☐ Yes ☐ No
   b. Contractors ☐ Yes ☐ No
   c. Other *(specify)*: ☐ Yes ☐ No

SECTION IV – RISK MANAGEMENT

If any of the below answers are marked "no", please attach an explanation

1.	Does the agency utilize a computerized system?	☐ Yes ☐ No
2.	Is incoming mail date stamped?	☐ Yes ☐ No
3.	Are copies of binders mailed to the insured and/or the company within specified guidelines?	☐ Yes ☐ No
4.	Is there a procedure for documenting files and telephone conversations?	☐ Yes ☐ No
5.	Is a policy expiration list maintained?	☐ Yes ☐ No
6.	Are all applications, policies, and endorsements checked for accuracy?	☐ Yes ☐ No
7.	Is there a back-up procedure for computerized production?	☐ Yes ☐ No
8.	Does the agency have a diary/suspense system?	☐ Yes ☐ No
9.	Does applicant have a specific orientation program for new employees?	☐ Yes ☐ No
10.	Does applicant maintain a separate premium trust account?	☐ Yes ☐ No
11.	Does the applicant confirm in writing all declinations and acceptance of coverage?	☐ Yes ☐ No
12.	Does the agency use "Power of Attorney" to represent the client/insured?	☐ Yes ☐ No

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SECTION V – CLAIM INFORMATION

1. During the past five (5) years, has any claim been made or suit brought against the agency, its' predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☐ No
   If "Yes", provide details on the separate supplemental claims application.
2. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its' predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☐ No
   If "Yes", provide details on the separate supplemental claims application.

SECTION VI – INSURANCE COVERAGE INFORMATION

1. Has any prospective insured ever had their license revoked or suspended, or been fined or disciplined in anyway, or been the subject of any investigation by any state insurance department? ☐ Yes ☐ No
   If "Yes", please attach an explanation.
2. Has any policy or application for similar insurance on applicant's behalf or on the behalf of any of applicant firm's principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? ☐ Yes ☐ No
   If "Yes", please attach an explanation.
3. Provide the following information on applicant's professional liability insurance for the past three (3) years:

Name of insurer	Limits	Deductible	Policy period	Premium

4. Provide retroactive date of current policy *(if any)*:
5. Has applicant ever purchased "extended discovery/reporting period" coverage *("tail")* from any prior insurer? ☐ Yes ☐ No
   If "Yes", please attach an explanation.
6. Limits of liability desired:
   ☐ $300,000/$300,000 ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ Other:
7. Deductible desired:
   ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ Other:

SECTION VII – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/ society. I agree to cooperate with these committees.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

(Not required in all states, contact your agent or broker for your state's requirements.)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

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NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. The policy is issued "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. **Applies in MD Only.*

Applicable in CO

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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. **Applies in FL Only.*

Applicable in KS

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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. **Applies in NY Only.*

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. **Applies in ME Only.*

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title:

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