



RENEWAL APPLICATION

INSURANCE AGENTS AND BROKERS LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".

II. GENERAL INFORMATION

1. Current Richmond National policy number: _____
2. Name of Applicant (include any DBA's) : _____

3. Contact Name: _____ Contact Title: _____
Phone Number: _____ Email Address: _____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____

6. Has the name or ownership of the entity changed or has any other business been
Purchased, merged or consolidated with the entity within the past twelve (12) ☐ Yes ☐ No
Months or are any such changes contemplated in the next twelve (12) months? If
yes, please provide a description of the changes on an attached sheet of paper.

III. PROFESSIONAL SERVICES

1. List all the Applicant's personnel: (only include each person in one category)

	NUMBER OF PERSONS	AVERAGE NO. OF YEARS EXPERIENCE IN INSURANCE INDUSTRY
Owners, Principals, Partners, Members		
Employed Licensed Brokers & Agents, Solicitors		
CSRs		
Other Employees (including clerical)		
Exclusive Non-Employee Producers		
Non-Exclusive Non-Employee Producers		

2. Indicate your premium volume and gross insurance commissions and fees (before split with others) for the past 2 years and an estimate for current year:

YEAR	P&C PREMIUM	LIFE/A&H PREMIUM	GROSS P&C COMMISSIONS/ FEES	GROSS LIFE/A&H COMMISSIONS/ FEES

3. List the five (5) insurance companies for whom Applicant places the most annual premium.

INSURANCE COMPANY NAME	% OF TOTAL PREMIUM VOLUME	A.M. BEST RATING	YEARS REPRESENT ED	MAJOR LINES PLACED	BINDING AUTHORITY? YES OR NO?		IF BINDING AUTHORITY, WHAT LINE OF BUSINESS?
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	

4. Percentage of business placed in the last twelve (12) months with Carriers Not Rated or Rated Less Than B+ by A.M. Best: %

5. Indicate the percentage of your total premium volume. If company is a startup, provide projections. **(Total of all lines of business must equal 100%):**

GROUP A	
Homeowners:	
Personal Auto:	

GROUP B	
General Liability	
Group Life/ Health	
Commercial Auto Liability	
Inland Marine	
Bonds – Other	
Umbrella / Excess	
Individual Life/ Health	

GROUP C	
Annuities	
Wet Marine	
Commercial Multi-Peril (incl. Commercial Property)	
Workers Compensation	
Flood	

GROUP D	
Surety Bonds	
Aviation	
Crop* Crop Agent Supplemental Required	
Long Haul Trucking	
Physicians / Hospital Liability	
Professional Liability	
Third Party Administration	
DIC, Earthquake	
Livestock Mortality	

OTHER (SPECIFY):	

6. Do you confirm to the Insured, in writing, all declinations of coverage?

☐ Yes ☐ No

7. 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? If yes, please explain including the name of the entity, dates involved, lines of business placed, and premium volume involved: ☐ Yes ☐ No

8. Has any contract for this agency been withdrawn by a carrier in the last twelve (12) Months for any reason other than lack of production? ☐ Yes ☐ No
If yes, please explain:

IV. INSURANCE AND LOSS HISTORY

1. After inquiry with each person as appropriate, during 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? ☐ Yes ☐ No

If yes, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

2. After inquiry with each person as appropriate, have any new claims/ incidents/ circumstances been reported to any previous carrier including under an extended reporting period? ☐ Yes ☐ No

If yes, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

3. Please provide details of any status changes in previously reported claims including changes in amounts paid in defense costs or settle claims: _____

4. 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? ☐ Yes ☐ No

If yes, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

5. After inquiry with each person as appropriate, are you, or any of your partners, officers Directors, or employees been subject of any complaint or subject to any disciplinary Action by any state licensing agency or other regulatory body during the last twelve (12) months? ☐ Yes ☐ No

If yes, please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the regulatory body's decision.

V. FRAUD WARNINGS

General Fraud Warning: 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.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	<i>For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</i>
Colorado	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Application: 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. Claim: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	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.
Maine	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.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	General: 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. Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.
Ohio	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.
Oklahoma	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.
Pennsylvania	General: 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. Auto: Any person who knowingly and with intent to injure or defraud any insurer 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 the payment of a fine of up to \$15,000.
Rhode Island	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.
Tennessee	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.
Virginia	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.
Washington	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.
West Virginia	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.

VI. NOTICE TO APPLICANT

Notice: the insurance coverage for which the applicant is applying is written on a claims made and reported policy, which applies only to claims first made and reported during the policy period as stated in the declarations, or any applicable extended reporting period. The limit of liability to pay damages will be reduced and may be exhausted by claim expenses, and claim expenses may be applied against the deductible amount, if applicable. In no event will we be liable for damages or claim expenses in excess of the applicable limit of liability. It is important that you report any known claims and/or circumstances or incidents that could result in a claim to your current insurer or purchase an extended reporting period endorsement to potentially cover such claims and/or circumstances or incidents. We will not provide coverage, and coverage is expressly excluded, for claims and/or circumstances or incidents of which the applicant has knowledge and/or is aware prior to the effective date of this policy, if offered and accepted. Please read the entire application carefully before signing.

VII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and 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 it has a continuing obligation 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.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		