Infinity Insurance Agents/Brokers Professional Liability Insurance Coverage
Application for Claims Made and Reported Coverage

Acceptance is subject to Underwriter’s approval. All Questions must be answered. Attach additional sheets for comments and explanations to questions asked.

1. Full Name of Firm (Include all entities to be covered): 

2. Principal Office Address: 
   Number of branch locations: 

3. Telephone: 
   Fax: 
   Email: 

4. Firm Contact (person): 

5. Firm is a: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other 

6. How long has your firm been in business? ________________________ (If less than 3 years, please send resumes of insurance experience of firm principals, licensed agents & firm Business Plan).

7. Any mergers, acquisitions, ownership changes, etc. in the last 5 years? ☐ Yes ☐ No
   (If so, please complete and attach Supplement A)

8. How long has your Firm maintained an appointment with Infinity Insurance? ________________

STAFF COUNT – NOTE: All principals and staff should be included once.

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Anticipated Change 12 Months</th>
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<tbody>
<tr>
<td>Principals, Partners, Officers:</td>
<td>+/-</td>
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<tr>
<td>Licensed Agents (exclusive to your Firm):</td>
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<tr>
<td>Licensed Employees:</td>
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<tr>
<td>Unlicensed Employees (including clerical):</td>
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<td>Independent Contractors/Sub Agents:</td>
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<td><strong>Totals:</strong></td>
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9. What is the total premium volume written by your firm? ________________

10. Approximate Percentage Breakdown of Premium Volume and Commission Revenues

   A. Please give approximate percentage breakdown of premium volume placed as:
      1. Agent (with binding authority) _____% 5. Surplus Lines Broker _____%
      2. Agent (without binding authority) _____% 6. Other (specify) _____%
      3. Broker(without binding authority) _____% 7. Total (should equal 100%) _____%
      4. MGA - Complete Supplement B _____%  

   Note: If you place more than 10% of premium volume directly with Surplus Lines carriers, through Surplus Lines Brokers, through other agents/brokers or through MGA’s, please complete Supplement C.

   B. Please give the approximate percentage breakdown of Premium Volume Business received or assumed:
      1. Direct from Insureds _____%
      2. From other Agencies or Brokers _____%
      3. Total (should equal 100%) _____%
C. Brokerage Activities: For the past 12 months, give the name, type of business, approximate total premium volume and leading Insurance Carrier used, for business placed by your firm for other agents/brokers: (Do not show MGA activity below; that is to be shown on Supplement B.)

<table>
<thead>
<tr>
<th>Firm or Brokerage</th>
<th>Type of Business</th>
<th>Premium Volume</th>
<th>Carrier</th>
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D. Commission Revenue* (Gross Revenues are defined as: all sources of income with the exception of premium finance charges, investment income and agent's profit sharing bonuses received from insurance carriers.) Ending _____/_____/_____

1. Commercial Lines Insurance Sales
2. Personal Lines Insurance Sales
3. Assigned Risk/Fair Plan/JUA
4. Benefit or Pension Consulting or Administration
5. Mutual Fund Sales
6. Financial Planning Activities/Financial Product sales
7. Insurance Consulting for Separate Fee
8. Substandard Auto
9. Farm/Crop/Livestock Insurance
10. Long Haul Trucking
11. Bonds (list type)
12. Wet Marine/Pleasure Boats
13. Coverage placed with HMO's, PPO, TPAs
14. Life/A&H Insurance Sales
15. All Other (Such as PEO Representation, Inland Marine, Aviation, Professional Liability, TPAs, Claims Administration, etc. Please describe type of activity on separate sheet)

Total $________

*Include all commission income and fees before split with sub-agents or sales people.

11. List Top 5 Insurance Carriers with which you do business. If the total equals less than 85% of your Firm's total premium written, please list additional Insurance Carriers and volume on a separate sheet.

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage of Total GPW</th>
<th>Binding Authority</th>
<th>Best Rating</th>
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</thead>
<tbody>
<tr>
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<td>5.</td>
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</table>

12. Total number of Insurance Carriers you are appointed with: __________________________

13. What percentage of your total volume is written with Infinity? __________________________

14. List any Insurance Carrier that you write business for that has an A.M. Best's rating below “A-”. Also advise the percentage of your Firm's total gross annual fee and commission income generated through these companies: ____________________________________________________________

15. Has the Firm or any of its Agents, Partners, Officers, Directors or Employees ever been found guilty of criminal activity?  
   ☐ Yes  ☐ No  If yes, explain on separate sheet.
16. LOSS CONTROL:

A. Do you require proof of Errors and Omissions insurance from agents and/or Sub-Agents that place business with you?  
   - Yes  
   - No

B. Do you use an in-house policy/procedures manual?  
   - Yes  
   - No

C. Is there a regular method of recording clients’ insurance requirements?  
   - Yes  
   - No

D. Is a checklist used in reviewing required coverages and limits with an insured?  
   - Yes  
   - No

E. Are all policies/endorsements checked for accuracy and completeness?  
   - Yes  
   - No

F. Does the Firm indemnify/hold harmless any other:  
   a. Firm;  
   b. insured or c. other entity?  
   - If yes, please attach copies of each such agreement

G. Have you or key person in your Firm attended any E&O loss prevention seminars within the past two years?  
   - Yes  
   - No

H. What percentage of your staff attended Continuing Education programs or Loss Prevention Seminars in the last 12 months?  
   - %

17. REQUESTED COVERAGE OPTIONS:

A. Limits of Liability (Each Claim/Aggregate)  
   - $1,000,000/$1,000,000  
   - $2,000,000/$2,000,000  
   - $2,000,000/$5,000,000  
   - $5,000,000/$5,000,000

B. Deductible Amount (Each Claim/Aggregate)  
   Note: Not all deductible options may be available in every state.  
   - $1,000  
   - $2,500  
   - $5,000

Please Check One:

18. During the past five years, have any claims, suits, proceedings or claims for damages been made against you or any proposed insured?  
   - Yes  
   - No

(If yes, please provide your E&O carrier loss report(s) and a supplemental claim information sheet for each claim incident during the past five years. Include all claims made against you, whether paid or not.)

19. During the past five years, has the Applicant made an "Adjustment" or "Goodwill Payment" in settlement of any dispute?  
   - Yes  
   - No

(If yes, please provide full details of payments of $500.00 or more.)

20. Has any policy or application for errors & omissions insurance on behalf of the Applicant or its predecessors in business, ever been declined, cancelled or refused renewal?  
   - Yes  
   - No  

(If yes, please provide explanation on separate sheet.)

21. Does any partner, director, officer, employee or agent 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

Note: this Policy will not apply to claims which any person proposed for this insurance is aware of prior to the effective date of coverage.

22. Are there any pending investigations against any insured by a State Insurance Department? Any federal, state or local authority (other than a minor traffic violation)?  
   - Yes  
   - No  

If yes, explain on separate sheet.

23. ERRORS AND OMISSIONS INSURANCE

Current Errors and Omissions coverage expiration date:  

Date of first continuous Errors and Omissions coverage maintained in force without interruption:  

<table>
<thead>
<tr>
<th>Limit</th>
<th>Deductible</th>
<th>Premium</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Policy</td>
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</tbody>
</table>
Please report any demand for payment of damages.

It is agreed: Claims made prior to the proposed effective date are excluded from the proposed coverage, and that failure to disclose any potential claims can result in coverage denial.

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the company. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Fraud Warning
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or submits 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.

Colorado Fraud Warning
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.

Florida Fraud Warning
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 of the third degree.

Kentucky Fraud Warning
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.

Oregon Fraud Warning
Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Ohio Fraud Warning
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.

Pennsylvania Fraud Warning
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.

Tennessee Fraud Warning
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.

Name ________________________________________ Title _______________________________________
Signature _____________________________________ Date ______________________________
(Must be signed by Owner or Principal)

FAX OR MAIL TO:

BROWN & BROWN OF CALIFORNIA, INC., DBA CALSURANCE
P.O. Box 7048, Orange, CA 92863-7048
Phone: (800) 745-7189 Fax: 800-607-6875 E-mail: INFO@CALSURANCE.COM
California Insurance License 0B02587
### Application and Risk Survey Supplement A
#### Changes, Mergers and Acquisitions

For all mergers and acquisitions, attach that portion of the merger or purchase agreement which delineates each party's responsibility for agents acts, errors and omissions.

For each change, merger or acquisition of ownership for Named Insured please provide the following:

1. Name of entity acquired/changed/merged: ________________________________
   
2. Date of acquisition/change/merger: ________________________________
   
3. Name of acquired/changed/merged entity retained?  
   - Yes  
   - No
   
4. Are principals under present entity 51% or better owners of acquired/changed/ merged entity?  
   - Yes  
   - No
   
5. Were Assets and Liabilities acquired or Assets only?   ________________________________
   
6. Prior E&O insurer and date of termination of acquired/changed/merged entity:
   
7. Tail coverage purchased from prior entity’s carrier?   ________________________________
   - If yes, please provide number of years purchased (or expiration date) and limits of liability:
   
8. If Assets and Liabilities were purchased, did prior entity sustain any claims within the past five (5) years?  
   - Yes  
   - No
   - If yes, provide complete information on claims history including date of claim, description and amounts paid or reserved on a separate sheet.
   
9. Estimated revenue of entity acquired/changed/merged   ________________________________
   
10. Estimated total increase in staff due to entity acquired/changed/merged: _____; 
    - # licensed_________ 
    - # unlicensed ________________________________
   
11. Additional services/products offered by new entity that are not presently offered or performed by current Named Insured?   ______If yes, please provide complete description of services/products of new entity.  
   
### Application and Risk Survey Supplement B
#### Managing General Firm Exposure

An asterisk (*) indicates there is no need for you to respond unless changes have occurred since you last completed a Fireman's Fund Insurance Company application.

1. Name of Insurance Company(ies) with which you have an MGA agreement and number of years you have represented each company: ________________________________
   
2. Approximate premium volume of MGA business: ________________________________
   
3. Number of agents/brokers placing business through your MGA:   ________________________________
   
4. Do you have a written agreement with the agent/brokers who place business through your Firm?  
   - Yes  
   - No
   - If "yes," please attach a copy of the agreement. *
   
5. Number of employees assigned to your MGA business activities:   ________________________________
   
6. Name and qualifications of the persons responsible for your MGA business activities *
   
   ________________________________
   
7. Has any insurance company modified your authority since agreements were signed?  
   - Yes  
   - No
Complete the following if your firm places Property & Casualty business: a) Directly with surplus lines carriers or through surplus lines brokers; b) through MGA’s; or c) through other agents/brokers.

1. List the name(s) of the agents/brokers/MGA’s/surplus lines brokers that you place business through, type of business (be specific), Insurance carrier, and indicate premium volume associated with each:

<table>
<thead>
<tr>
<th>Name of Firm or Brokerage</th>
<th>Type of Business</th>
<th>Premium Volume</th>
<th>Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_________________________</td>
<td>$______________</td>
<td>___________________</td>
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<td>_________________________</td>
<td>_________________________</td>
<td>$______________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

2. How long has your Firm placed business through the above? ______________________________

3. Do you require proof of E&O insurance from these entities? ❑ Yes ❑ No
CLAIM INFORMATION

Instructions: Complete a separate page for each claim.

1. Name of Applicant: ________________________________

2. Name of Person Involved in Claim: ________________________________

3. Name of Claimant: ________________________________

4. Date of Error: ________________________________ 5. Date of Claim: ________________________________

6. Name(s) of Additional Defendant(s): ________________________________

7. Name of E&O Carrier: ________________________________

8. Claim Status:  ☐ Open  ☐ In Suit  ☐ Paid

9. If Paid,
   a. amount of damages paid: $________________________
   b. amount of expenses paid: $________________________

10. If Open, or in Suit
   a. claimant's settlement demand: $________________________
   b. defendant's offer for settlement: $________________________
   c. E&O carrier Loss Reserve: $________________________ (VERY IMPORTANT)

11. Act, error or omission alleged by claimant: ________________________________

12. Description of claim and events: ________________________________

13. What steps have been taken to reduce the likelihood of a reoccurrence of this type of claim?
    ________________________________
    ________________________________
    ________________________________

The statements included on this page are true and correct to the best of my knowledge.

Signature (Must be signed by Owner or Principal) ________________________________ Date ________________________________