



Richmond National Insurance Company
 11013 West Broad Street, Suite 300
 Glen Allen, VA 23060

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".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Sample contract used with clients.
 - c. Professional qualifications (i.e. resume or c.v.) of key personnel.
 - d. Expiring Declarations Page with retroactive date (if applicable).

II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
 Phone Number: _____ Email Address: _____
3. Year Business was established (MM/DD/YYYY): _____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Applicant's website: www. _____
7. Applicant is: Corporation Partnership Individual LLC Other _____
8. Is the Applicant firm controlled, owned or associated with any other firm, corporation or company? Yes No
 If yes, are services provided to such organization(s)? Yes No
If yes, to either of the above, attached detailed explanation.

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. What percentage (%) of your business is: **(Total must equal 100%)**
- a. Retail (Business Sold Directly to Insureds) _____ %
 - b. Wholesale (Business Sold to Other Agents) _____ %
 - c. MGA (Business for which you have Underwriting Authority) _____ % ***Managing General Agency
Supplemental application required*

3. 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

4. Indicate and describe your non-insurance business revenues for the past 2 years:

YEAR	NON-INSURANCE REVENUE	SOURCES

5. 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 REPRESENTED	MAJOR LINES PLACED	BINDING AUTHORITY? YES OR NO?	IF BINDING AUTHORITY, WHAT LINE OF BUSINESS?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Percentage of Business placed with:

- a. Admitted Carriers: _____ %
- b. Non-Admitted/Surplus Lines Carriers _____ %

7. Percentage of Business placed:

- a. Direct Through Carriers: _____ %
- b. Through MGAs: _____ %
- c. Through Wholesalers: _____ %

8. Percentage of Business Placed with Carriers Not Rated or Rated Less Than B+ by A.M. Best: _____ %

9. Does Applicant monitor solvency and financial conditions of the Insurers with which they place business? Yes No

10. Has Applicant ever had any agency contracts cancelled by any insurance carrier for any reasons other than lack of production? Yes No

a. **If yes, provide details:** _____

11. Is the agency a cluster “member” or cluster “hub”? Member Hub N/A if N/A, skip to question 12).
- If a “member”, please explain the lines of business: _____
 - If a “hub”, how many members comprise the cluster? _____
 - Do they carry their own E&O insurance? Yes No
 - If yes, do the members name the hub as an additional insured on their E&O insurance policies? Yes No
 - Whether a “member” or “hub”, please explain the services performed by the cluster hub for or on behalf of the cluster members: _____

12. 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):	

13. Does the Applicant or any agency owner, partner/principal, member, solicitor, or employee perform any of the following activities?
If yes, attach resume, promotional material, and sample contract. Coverage may be excluded under the policy.

		INCOME			INCOME
Reinsurance Intermediary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Human Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Third Party Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Actuarial Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Claim Adjustment Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Tax Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loss Control/ Risk Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Premium Finance for Agency/ Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Investment, Securities Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Prepaid Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

14. Office Procedures:

a.	Does the agency utilize a computerized production, billing and accounting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	Is there a back-up procedure for computerized production?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.	Is there a back-up procedure when Applicant's personnel are away from the office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d.	Are written or electronic records maintained outlining details of all business conversations, including client's verbal instructions and oral agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e.	Are verbal binders given? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f.	Are all insured requests for changes or cancellations of coverage required in writing, signed, & dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g.	Is a policy expiration list maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h.	Does Applicant have a diary/suspense/notification/calendaring system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
i.	Are all incoming documents date identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
j.	Does the agency have a written office procedures manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
k.	Are all applications, policies and endorsements checked for accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
l.	Do you use "Power of Attorney" to represent your insureds? If Yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
m.	Are files marked to ensure certificate holders; regulatory agencies, etc. are notified of cancellation or material changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
n.	Do you obtain written confirmation when reducing or eliminating coverage from your clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
o.	If Applicant offers Flood coverage; if a client rejects flood coverage is the client required to sign a statement to that effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
p.	Does your agency have a Commercial Crime Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
q.	Does your agency have a General Liability Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? Yes No

If yes, provide:

Description of services being covered: _____

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____

Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____

3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? Yes No

If yes, please explain why: _____

4. After inquiry, with each person as appropriate, in the last five (5) years, 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,:

a. How many claims have been made in the past five (5) years: _____

b. Complete a separate Supplemental Claim Application for each claim.

5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No

If yes, provide full details: _____

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.

Applicable Notice to Applicants in:

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	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.
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	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	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.
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	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.
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:	_____	