



**INSURANCE AGENTS & BROKERS ERRORS & OMISSIONS INSURANCE
SUPPLEMENTAL BRIDGE APPLICATION
CLAIMS MADE & REPORTED POLICY**

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

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1. Applicant's Legal Entity Name: _____
DBA (if applicable): _____

(This Company will be the name identified on the Declaration page as the Named Insured) NOTE: Complete the Additional Insured Supplement for any additional entities for which coverage is sought.

2. Please list all Applicant principal(s) below: *(if less than 3 year experience, please provide resume/business experience)*

Name:	Date of Insurance Licensure:	Ownership Percentage:

3. Indicate below the number of staff in your agency as follows *(Each individual should only be counted once):*

Owners, Officers, Partners _____ Licensed Brokers, Agents _____ Licensed CSR's _____ Unlicensed CSR's _____
Other Unlicensed Employees (include clerical and part-time) _____ Non-employee producers or independent contractors _____ **Total:** _____

4. If the Applicant is a solo practitioner, identify the person who handles accounts in your absence _____
Is this person a licensed insurance agent? Yes No *If YES, please attach a copy of the license. If no, please attach details*

5a. Has the Applicant had any retirements, staff turnover, or deaths in the past 12 months or expect any retirements or staff turnover in the next 12 months? Yes No *If YES, provide details:* _____

b. Identify the person who would handle any closing operations of the agency or closure of the book of business including processing any outstanding accounts in the event of retirement or death: _____ Is this person a licensed insurance agent?..... Yes No

c. If YES to 5a, was there an audit or review of files completed? Yes No (If no, why not?): _____

d. If YES to 5a, was any corrective action taken? Yes No (None needed) No (Errors were found but not corrected)

6a. Does the Applicant give referrals? Yes No

b. Does the Applicant receive fees or commissions for these referrals, or is Applicant involved with a referral contract?..... Yes No

c. If YES to 6a or b above please provide details: _____

7. Please indicate the percentage of the commission derived and number of accounts from each line of business listed below: *(% of accounts must equal 100%)*

<i>PERSONAL LINES</i>	<i>% of accounts</i>	<i># of accounts</i>	<i>COMMERCIAL LINES</i>	<i>% of accounts</i>	<i># of accounts</i>
Auto (Standard)			Property (Valued Under \$3M)		
Auto (Non-Standard/Motorcycles)			Property (Valued Over \$3M)		
Homeowners			SMP/BOP/Package		
Non-Standard Property (Valued Under \$3M)			General Liability		
Non-Standard Property (Valued Over \$3M)			Umbrella/Excess		
Pleasure Boats/Crafts			Auto (Standard)		
Umbrella			Auto (Non-Standard)		
Other (Describe):			Long Haul Trucking		
<i>LIFE, ACCIDENT & HEALTH</i>	<i>% of accounts</i>	<i># of accounts</i>	Workers Compensation		
Individual Life			Livestock		
Group Life			Crop		
Individual Accident & Health			Medical Malpractice		
Group Accident & Health			Allied Medical		
Fixed Annuities			Professional Liability		
Variable Annuities			Inland Marine		
Mutual Funds			Wet Marine		
Securities			Bonds - Surety		
Other (Describe):			Bonds - All Other		
			Aviation		
			Builder's Risk		
			Other (Describe):		
TOTAL OF ALL LINES OF BUSINESS:				100%	

NOTICE

In lieu of requiring the Applicant to complete the Insurer's application, the Insurer is willing to accept this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, any attachments and supplied information, subject to the following.

The Applicant represents to the best of its knowledge and belief that the statements set forth in this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, any attachments and supplied information submitted to and accepted by the Insurer are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by the Insurer, this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by the Insurer, and the statements made within this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Supplemental Bridge Application and any other accepted Applications and any supplemental applications has been authorized to do so by the Applicant.

Signing of this Supplemental Bridge Application does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, any attachments and supplied information changes between the date of that Application and the inception date of the Policy, the Applicant will immediately notify the Insurer of such change(s) prior to inception of the Policy. _____ (Initials)

Applicant further understands and agrees that no person or entity other than the Insurer has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Insurer from asserting any right under the terms of the Policy.

This Supplemental Bridge Application, the most recently submitted and accepted Application, any additional supplemental applications, any attachments and supplied information is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits coverage to Claims first made against an Applicant during the Policy Period and reported to the Insurer within the required time period. Coverage, if mutually accepted by the Insurer and the Applicant, will not apply to any known facts, situations, acts, error or omissions that occurred before inception of the Policy Period. The Applicant agrees that in the event of covered Claims, the Applicant will be required to be defended by the Insurer's appointed attorneys and that the deductible under the Policy shall apply to Claims including but not limited to Defense Costs. If, however, the Applicant elects to handle a Claim without in any way involving the Insurer, then no coverage for such Claim is afforded to the Applicant under the Policy.

By signing, this Supplemental Bridge Application, the most recently submitted Application, any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials – Miscellaneous Errors & Omissions Insurance wording and any applicable endorsements. The Insurer expects that the Applicant will take time to review the Policy and any applicable endorsements to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

Risk Management: The proposed insurance Policy is for Applicants that maintain loss control procedures represented on the original application for insurance. Should a Policy be issued, the Applicant agrees to maintain these loss control procedures throughout the policy period.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

Applicant's authorized signature of a Principal, Partner or Director

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Director