

PROFESSIONAL LIABILITY INSURANCE PROGRAM SPONSORED BY AGENT RESOURCES.COM

APPLICATION FOR "CLAIMS-MADE" E&O INSURANCE FOR LIFE INSURANCE AGENTS AND SERIES 6 REGISTERED REPRESENTATIVES
Annual Master Policy Limit of Liability Aggregate: \$5,000,000

Program Agent:

Arthur J. Gallagher & Co. Insurance Brokers of California
15 Enterprise, Ste. 200
Aliso Viejo, CA 92656
Phone: (800) 532-0327 or 949-349-9801 Fax: (949) 349-9901

Insurance Company:

Clarendon National Insurance Company
c/o ProSurance Group, Inc.
2685 Marine Way, Suite 1408
Mountain View, California 94043

The undersigned, hereinafter referred to as **Applicant**, hereby makes application for claims-made Professional Liability Insurance coverage and in connection therewith furnishes Clarendon National Insurance Company ("the Company") the following information.

I. Applicant			
Name:			Office Telephone:
Mailing Address:			FAX Number:
Social Security Number:	Insurance Licenses Held: <input type="checkbox"/> Life <input type="checkbox"/> Accident & Health <input type="checkbox"/> Other - Specify:	Securities Licenses Held: <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Other - Specify:	Email:
Years of Experience:			Broker-Dealer:

II. Insurance Coverage			
2a. Current Professional Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		2b. Requested Policy Inception:	
Inception Date:	Retroactive Date:	2c. Choose Desired Coverage and Limits:	
Activities Covered:		Fixed Products Only	\$1,000,000 \$2,000,000
		Fixed and Variable Products and Mutual Funds	<input type="checkbox"/> <input type="checkbox"/>

III. Revenue			
3a. List Applicant's gross revenue for the past year and estimates for the current year and next year:			
Prior Year:	Current Year:	Next Year:	
3b. Split Applicant's estimated current year's gross revenue into percentages by the following categories as indicated:			
Fixed Insurance & Annuity Sales:		Securities Sales:	
Fixed Life Insurance and Annuities:	_____ %	Mutual Fund Sales:	_____ %
Accident and Health Insurance:	_____ %	Variable Life Insurance & Variable Annuity Sales:	_____ %
Sub Total:	_____ %	Other Security Sales:	_____ %
Other Products and Services (Describe):	_____ %	Sub Total:	_____ %
Total:			100 %

IV. Claims and Complaints (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI.)	
4a. Has any claim, suit or arbitration for alleged malpractice, error, omission, mistake or other wrongful acts been made against Applicant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. After a review of Applicant's records, does Applicant have any knowledge or information of any fact situation, allegation or incident which may result in a complaint, claim, suit or arbitration against Applicant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Is Applicant aware of or involved in any fee dispute with a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Disciplinary Action (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI.)	
5a. Has any professional license or registration of Applicant ever been denied, suspended, revoked, non-renewed or restricted in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Has Applicant ever been disciplined, fined, or suspended by the SEC, NASD, a state securities, corporation or insurance department or other regulatory body, or formally reprimanded by any court or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c. Has any complaint ever been filed against Applicant with a consumer agency, Applicant's broker/dealer, the SEC, NASD, a state insurance, corporation or securities department or other regulatory body? Is Applicant currently under investigation by any of these authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d. Has Applicant ever been formally accused of violating any professional association's code of ethics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. Has Applicant ever been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5f. Has any contract between Applicant and his/her insurance company, broker/dealer or others been suspended, terminated, non-renewed or restricted for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5g. Has Applicant ever had a professional liability insurance policy or fidelity bond declined, canceled, issued on special terms, renewal refused or had a request that an application for insurance or for a bond be withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

