



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

RENEWAL APPLICATION
INSURANCE AGENTS AND BROKERS
ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION

- Current Kinsale policy number: _____
- Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: _____
- Please list all other business/dba names for which you are seeking coverage under this policy: _____
- Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____
- Primary location address: _____
- Mailing address: _____
- 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 12 months or are any such changes contemplated in the next 12 months? Yes No

If "Yes", please provide a description of the changes on an attached sheet of paper.

GENERAL INFORMATION

- List all the Applicant firm's personnel:
 (Each individual should be classified in only one category.)
 Owners, Officers, Partner _____ Exclusive Non-employee Producers _____
 Employee Solicitors, Brokers, Agents _____ Non-exclusive Producers _____
 Other employees (including clerical) _____ **TOTAL STAFF** (including part time) _____

- Please provide your agency's projections for annual premium volume, commission income, policy count, and revenue generated from "other" income not including commission income for the next 12 months:

	Annual Premiums	Annual Commission Income	Policy Count	Annual "Other" Income
Most recent 12 months				
Previous 12 months				
Projected next 12 months				

- List the 5 insurance companies for whom applicant firm places the most annual premium.

<u>Name of Insurance Company</u>	<u>% of Total Premium Volume</u>	<u>A.M. Best Rating</u>	<u>Years Represented</u>	<u>Major Lines Placed</u>	<u>Binding Authority? Yes or No?</u>	<u>If binding authority, what line of business?</u>



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4. Approximate percentage of the total annual volume you do as:
- | | | | |
|----------------------|--------------------|---|--------------------|
| 1. Agent | _____% | 2. Retailer or Business direct from other agents | _____% |
| Broker | _____% | Wholesale or Business accepted from other agents | _____% |
| Managing General | _____% * | Must Total | <u>100%</u> |
| Surplus Lines Broker | _____% | | |
| Consultant (for fee) | _____% | <i>*if any value is present, fill out MGA Supplemental form</i> | |
| Other (specify) | _____% | | |
| Must Total | <u>100%</u> | | |

5. Using projections for the next 12 months, please categorize your total **annual premium volume** by line of business:

A	_____ %	Personal Lines Home/Auto-Standard	C	_____ %	Accident, Life & Health-Group
	_____ %	<u>Subtotal (A)</u>		_____ %	Accident, Life & Health-Individual
B				_____ %	Aviation
	_____ %	Auto-Commercial (except long haul trucking)		_____ %	Crop
	_____ %	Bonds		_____ %	Long Haul or Intermediate Trucking
	_____ %	Commercial-General Liability		_____ %	Marine-Ocean or other "wet" marine
	_____ %	Commercial-Property		_____ %	Physicians/Hospitals
	_____ %	Marine-Inland		_____ %	Professional Liability/D&O
	_____ %	Personal Lines Home/Auto-Sub-Standard		_____ %	Other (explain)
	_____ %	Workers Compensation			
	_____ %	<u>Subtotal (B)</u>		_____ %	<u>Subtotal (C)</u>
				<u>100%</u>	Total A + B + C

RISK MANAGEMENT

- Do you confirm to the Insured, in writing, all declinations of coverage? Yes No
- Do you confirm, in writing, an insured's rejection of increased uninsured motorist or underinsured motorist limits 100% of the time? **If "no", why not?** _____ Yes No
- Is applicant involved in handling any stranger-originated life insurance policies? Yes No
If "yes", please give the percentage of stranger-originated policies handled. _____ %
- In the past 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? Yes No
If "yes", please explain including the name of the entity, dates involved, lines of business placed, and premium volume involved: _____
- Has any contract for this agency been withdrawn by a carrier in the last 12 months for any reason other than lack of production? Yes No
If "yes", please explain: _____



INSURANCE AND LOSS HISTORY

1. After inquiry with each person as appropriate, during the last 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 to settle claims. _____

Please include an updated loss run for any previously reported unresolved 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, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the last 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.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.



NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of 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 and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant 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 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.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

