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Liberty Mutual. INSURANCE

GENERAL INSURANCE COMPANY OF AMERICA
HOME OFFICE: SAFECO PLAZA, SEATTLE, WASHINGTON 98185

Insurance Professionals Errors and Omissions Insurance
Supplemental Application G — General Information

Name of Applicant: ______________________

Supplemental Questions
(Numbers refer to questions on the Basic Application)

1. List legal entities to be insured under this policy. Please complete the following for each legal entity.

Name of Additional Entity:	
Is the entity currently insured under the applicant's expiring E&O policy?	☐ Yes ☐ No
☐ Named Insured ☐ Additional Insured Retroactive Date ____________ ☐ None	
Does the insured have majority financial interest or control?	☐ Yes ☐ No
Do all representations on the application apply to the additional entity?	☐ Yes ☐ No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity:	
Is the entity currently insured under the applicant's expiring E&O policy?	☐ Yes ☐ No
☐ Named Insured ☐ Additional Insured Retroactive Date ____________ ☐ None	
Does the insured have majority financial interest or control?	☐ Yes ☐ No
Do all representations on the application apply to the additional entity?	☐ Yes ☐ No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity:	
Is the entity currently insured under the applicant's expiring E&O policy?	☐ Yes ☐ No
☐ Named Insured ☐ Additional Insured Retroactive Date ____________ ☐ None	
Does the insured have majority financial interest or control?	☐ Yes ☐ No
Do all representations on the application apply to the additional entity?	☐ Yes ☐ No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity:	
Is the entity currently insured under the applicant's expiring E&O policy?	☐ Yes ☐ No
☐ Named Insured ☐ Additional Insured Retroactive Date ____________ ☐ None	
Does the insured have majority financial interest or control?	☐ Yes ☐ No
Do all representations on the application apply to the additional entity?	☐ Yes ☐ No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

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2. List the city, state, and percent of total applicant premium volume for each additional office.

_____ _____ _____

Do all locations use a common set of procedures? ☐ Yes ☐ No *If "No", please explain.*

All locations are: ☐ Commonly Managed ☐ Managed Individually ☐ Other: _____

5. Please explain any change in premium volume exceeding 20%: _____

7.

List additional carriers to account for 95% of production.	% of total premium	Binding Authority?	Major Lines Placed	Number of Years Represented
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

8. List ***all*** carriers not rated or rated below B+, IV by A.M. Best:

Carrier	**Current Premium Volume**	**Type of Coverage**

Describe how you evaluate and monitor the use of these and similar carriers: _____

Over the next year, use of these carriers is likely to ☐ Increase ☐ Decrease ☐ No Change

9d. List 100% of non-admitted carriers and/or your agency's minimum financial security standards for placing coverage:

1. _____ 2. _____ 3. _____

9f. List 100% of risk-assuming entities, other than insurance companies, through which business is placed:

_____

_____

Are you involved in the formation, management or administration of any of these entities? ☐ Yes ☐ No

If "Yes", please explain: _____

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11a. List ***all*** carriers and risk assuming entities used in the past 3 years that have become insolvent, bankrupt, put into rehabilitation or receivership, or otherwise become unable to meet its duties to insureds:

Carrier	Date of Insolvency	Number of Policies	Annual Premium Volume	Type of Coverage

Were all of the above policies placed with a new carrier or risk-assuming entity with an A.M. Best rating of B+ or better?

☐ Yes *If "Yes", what date was replacement completed?* _____

☐ No *If "No", please explain*. _____

_____

12. What type of business is being brokered into your agency from others? _____

Do you use written contracts for which you are held harmless for acts of other agents? ☐ Yes ☐ No

Do you require other agents to carry E&O coverage? ☐ Yes ☐ No

Over the next year, this percentage is likely to ☐ Increase ☐ Decrease ☐ No Change

14. Explain reason for high turnover: _____

What is being done to reduce E&O exposure created by high turnover? _____

List ***all*** non-exclusive independents (less than 75% of their business is placed through your agency):

Name	Years With Applicant	Premium Volume With Applicant	Has own E&O Coverage?
			☐ Yes ☐ No
			☐ Yes ☐ No

25b. List all individuals who hold Series 6 Licenses and sell mutual funds or variable annuities:

_____ _____

_____ _____

Agency's annual Mutual Funds commission: $_____ Variable Annuity commission: $_____

Are all Mutual Funds/Variable Annuities SEC Registered? ☐ Yes ☐ No *If "No", please explain.* _____

I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ **Date** _____

(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: ☐ Owner ☐ Executive Officer ☐ Partner ☐ Member of LLC ☐ Other _____