

**Application for Lawyers’ Professional Liability Insurance**

### *CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS*

*NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES*

**Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.**

*Throughout this application the words “****you”*** *and “****your”*** *refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "****we****", "****us****" and "****our****", refer to the insurance company to which this application is made.*

New York policyholders: This policy is written on a claims-made basis and unless otherwise stated on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

**WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY.**

**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 may be subject to fines and confinement in prison (for New York residents only: 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). (For COLORADO residents only: Any insurance company or agent of an insurance company who knowingly provide 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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies). (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both). (For LOUISIANA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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).**

**PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.**

##  General Firm Information

1. Name of Firm:

[ ]  Individual [ ]  Partnership [ ] P.A. [ ] P.C. [ ] L.L.C. [ ] L.L.P. [ ] Other

***Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.***

Address of Principal Office:

#### Street:

### City:       State:       Zip Code:       County:

Telephone Number:       Facsimile:

Email Address:

Web Site:

Contact Person:

Name:

Telephone Number:       Facsimile:

E-mail address:

1. Do you have branch offices: Yes [ ]  No [ ]

*If “Yes”, please also complete the Branch Office and Affiliate Supplement.*

1. Date Firm was founded:
2. List the names of all predecessor practices of **your** firm. Name only those firms for which **you** are a majority successor in interest (50% or more of the former firm’s assets and liabilities). ***Please use separate addendum if necessary.***

|  |  |  |
| --- | --- | --- |
| Name of Predecessor Firm | Dates of ExistenceFrom/To | Number of Lawyers Acquired |
|       |       /       |       |
|       |       /       |       |
|       |       /       |       |

1. Are there any pending material changes to **your** organization including but not limited to merger, acquisition combination or other restructuring? Yes [ ]  No [ ]

***If “Yes”, please provide full details in a separate addendum.***

##  Attorneys & Staff

1. Total number of **your** attorneys:

Current Number of:

Partners/shareholders/owners:

Associates/employed lawyers:

Of Counsel Members who are expected to bill more than 1200 hrs. per year:

Independent Contractors who are expected to bill more than 1200 hrs. per year:

Patent Agents:

 Current Number of:

Paralegals:

Clerical staff:

Other (please describe):

1. List all attorneys that are to be considered as insured individuals under the policy. If sole practitioner, please list yourself:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Each Attorney | Position(P, A, OC, IC) | Date of Hire(Month/Year) | Year Admitted to the Bar | Member of following Bar Associations | If Part-Time,average weekly hours worked on behalf of the firm |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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(P: Partner, A: Associate, OC: Of Counsel, IC: Independent Contractor)

If more than 10 attorneys attach additional sheet(s). Total number of insured attorneys:

1. If **you** are a sole practitioner, please provide the details of the attorney that is responsible for **your** affairs in the event of extended absence from **your** practice due to illness, vacation or similar circumstances:

#### Name:

#### Street:

### City:       State:       Zip Code:       County:

Telephone Number:       Facsimile:

**Billings**

9. List **your** gross billings for the past 24 months – Last 12       Prior 12

According to gross billings, please list **your** 5 largest clients. If confidentiality is required, please describe only the nature of business and legal services provided.

|  |  |  |
| --- | --- | --- |
| Name of Client | Nature of client’s business | Legal services provided |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

|  |  |
| --- | --- |
| 10. Has **your** firm, or anyone in **your** firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds**? *If “Yes”, please complete the Securities Supplement.*** | Yes [ ]  No [ ]  |
| 11. Has **your** firm, or anyone representing **your** firm, provided legal services for any Financial Institution during the last 5 years? ***If “Yes”, please complete the Financial Institution Supplement.***  | Yes [ ]  No [ ]  |

**Breakdown Of Practice**

1. Please complete the Breakdown of Practice section below to reflect the percentage of Total Gross Billings derived from all areas of practice.

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Practice | Percent | Area of Practice | Percent |
| Arbitration / Mediation |      % | Entertainment / Sports**[1]** |  |
| Administrative law |      % | Environmental**[1]** |      % |
| Admiralty / Maritime |      % | Intellectual Property Trademark Registration**[3]** |      % |
| Bankruptcy |      % | Intellectual Property Trademark Search**[3]** |      % |
| Collection/Repossessions |      % | Labor - Labor Representation |      % |
| Commercial Litigation |      % | Pension & Employee Benefits |      % |
| Criminal law |      % | Mergers / Acquisitions |      % |
| Domestic Relations |      % | Oil, Gas or Mining**[1]** |      % |
| Insurance Defense**[1]** |      % | Real Estate - Commercial |      % |
| Personal BI/PD Defense |       % | Tax – Opinions |      % |
| Workers Compensation Defense |      % | Worker's Compensation - Plaintiff |      % |
| **Total** |      % | **Total** |      % |
|  |  |  |  |
| Anti-Trust/Trade Regulation |      % | Personal BI/PD Plaintiff**[1]** |      % |
| Civil rights/Discrimination |      % | Banking / Financial Institutions**[1]** |      % |
| Commercial Transactions |      % | Other Intellectual Property Services**[3]** |      % |
| Corporation Formation / Alteration |      % | Patent/Copyright/Trademark Licensing**[3]** |      % |
| Immigration and Naturalization |      % | Real Estate – Residential**[1]** |      % |
| Intellectual Property Litigation**[3]** |      % | Real Estate - Land Use / Zoning**[1]** |      % |
| International/Foreign Law**[2]** |      % | Real Estate - Title Examination**[1]** |      % |
| Labor - Management Representation |      % | Securities**[1]** |      % |
| Government/Municipal (Not bonds) |      % | **Total** |      % |
| Tax - Preparation of Returns |       % | Patent Prosecution - Domestic or Foreign**[3]** |      % |
| Estate, Trust, Probate**[1]** |      % | Patent Searches - Domestic or Foreign**[3]** |      % |
| **Total** |      % | Intellectual Property Counseling**[3]** |      % |
| Other (explain): |      % | Intellectual Prop. Infringement/Opinions**[3]** |      % |
|  |  | Class Action/Mass Tort Law |      % |
| **Total** |  | **Total** |      % |
|  |  | **Total of all areas of practice must equal** | **100%** |

**[1]**Corresponding Supplement must be completed.

**[2]**Describe:

**[3]**Request alternative application

**Independent Contractors**

|  |  |
| --- | --- |
| 13. In the past 24 months, if **you** have retained attorneys on an Independent Contractor basis to provide legal services to **your** clients please complete the following: | N/A [ ]   |
| * 1. Do **you** require that all Independent Contractor services be performed on **your** letterhead?
 | Yes [ ]  No [ ]  |
| * 1. Are **you** exclusively responsible for billing **your** clients for services performed by Independent Contractors?
 | Yes [ ]  No [ ]  |
| * 1. Do **you** require that all Independent Contractors carry professional liability insurance and provides evidence of such coverage prior to being retained?
 | Yes [ ]  No [ ]  |
| ***Please explain the reasons for retaining an Independent Contractor to provide legal services to your clients below*:** |  |

|  |
| --- |
| ***Please provide details of each Independent Contractor retained:*** |
| Name of Independent Contractor: | Hours: | Insurance Verified: |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |

**Please note: Coverage for which you are applying does not extend to include Independent Contractors for services performed on behalf of lawyers or law firms other than your firm, unless specifically agreed by the insurer and evidenced by the issue of an endorsement.**

**Other Activities**

14. Does **your** practice also involve acting in the capacity of any of the following?

No [ ]

Yes [ ]  - please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Practice: | Percent of Practice Devoted to Each: | Professional Liability Insurance Company Providing **You** Separate Coverage: | Expiration Date:(mo./day/yr.) |
| a. Accountant:  |       |       |       |
| b. Real Estate Agent or Broker |       |       |       |
| c. Title Abstractor/Searcher |       |       |       |
| d. Notary |       |       |       |
| e. Title Agent [1]: |       |       |       |

[1]***Please complete the Title Agent Supplement***.

15. Does any of **you** act as:

|  |  |  |
| --- | --- | --- |
| a. A Public Defender? | Yes [ ]  No [ ]  |  |
| b. A Prosecuting Attorney? | Yes [ ]  No [ ]  |  |
| c. An in-house lawyer of any corporation, municipality or state department? | Yes [ ]  No [ ]  |  |
| d. An Arbitrator or Mediator? | Yes [ ]  No [ ]  |  |

***If the response to any of the above is “Yes’ please provide details on a separate addendum.***

**Resource Sharing**

16. Do **you** share any of the following with other attorneys or law firms?

Office Space: Yes [ ]  No [ ]  If yes, name of law firm(s):

Staff: Yes [ ]  No [ ]  If yes, please describe staff sharing arrangement on a separate addendum.

Cases: Yes [ ]  No [ ]  If yes, please describe case sharing arrangement on a separate addendum.

Letterhead: Yes [ ]  No [ ]  If yes, please explain relationship on a separate addendum and provide sample letterhead.

**Conflict Screening**

|  |  |
| --- | --- |
| 17. Are potential conflicts referred to an independent conflict committee? | Yes [ ]  No [ ]  |

18. Describe how **you** resolve potential and actual conflicts:

19. After matters have been opened, what steps do **you** take to supplement conflict of interest searches regarding new parties?

|  |  |
| --- | --- |
| 20. Are **you** or any of **your** lawyers a director or officer of, a partner in, hold equity interest in or an employee of a business entity other than **your** firm? ***If “Yes”, please complete the Outside Interest Supplement.*** | Yes [ ]  No [ ]  |

**Risk Management**

|  |  |
| --- | --- |
| 21. Do **you** employ a firm administrator? | Yes [ ]  No [ ]  |
| 1. Is **your** firm managed by a committee that meets on a regularly scheduled basis?
 | Yes [ ]  No [ ]  |
| 1. Do **you** have *written* risk management procedures?
 | Yes [ ]  No [ ]  |
| 1. Do **you** use a formal system to evaluate the performance of all practicing *lawyers*?
 | Yes [ ]  No [ ]  |
| 1. In the last two years how many suits have **you** filed against clients for recovery of **your** fees?
 |  |
| 1. How many of these suits have been resolved?
 |  |
| 1. What percentage of **your** billings are ninety (90) days or more overdue?
 | % |
| 1. Are new clients and new matters approved by a committee or by a partner in **your** firm? If “***No”***, please explain on a separate addendum.
 | Yes [ ]  No [ ]  |
| 1. Are engagement letters or retainer agreements, which establish the scope of **your** representation and billings arrangements, required to be sent on all new client engagements? If “***No”***, please explain.
 | Yes [ ]  No [ ]  |
| 1. Are billing arrangements, if any, explained in writing to the client at the outset of **your** representation? If “***No”***, please explain.
 | Yes [ ]  No [ ]  |
| 1. Are non-engagement letters required to be used when declining representation? If “***No”***, please explain.
 | Yes [ ]  No [ ]  |
| 1. Are changes to the scope of representation evidenced by an addendum or revision to the engagement letter? If “***No”***, please explain.
 | Yes [ ]  No [ ]  |
| 1. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation?
 | Yes [ ]  No [ ]  |

1. Which of the following are incorporated in **your** docket control system? (check all that apply)

Calendar [ ]  Master Listing [ ]  Tickler File [ ]  Pocket Diary [ ]  Computerized System [ ]

Other [ ]

1. Does the control system include? (check all that apply)

Litigated items [ ]  Non-litigated items [ ]  Statute of limitations [ ]  Dates of long-term matters [ ]

Other [ ]

1. How frequently are deadlines cross-checked? (check all that apply)

Daily [ ]  Weekly [ ]  Monthly [ ]  Other [ ]

1. How do **you** maintain a conflict of interest system? (check all that apply)

Oral/memory [ ]  Index File [ ]  Computer [ ]  Conflict Committee [ ]  Other [ ]

1. Indicate the items captured by this system? (Check all that apply)

Client Name [ ]  Client Principals [ ]  Client Subsidiaries [ ]  Opposing Party [ ]  Opposing Counsel [ ]

**Claims History**

|  |  |
| --- | --- |
| 1. Have any of **you** ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? ***If “Yes”, please provide details on a separate addendum.***
 | Yes [ ]  No [ ] How Many?       |
| 1. Have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past 5 years? ***If “Yes”, please complete a Claim Supplement for each disciplinary complaint.***
 | Yes [ ]  No [ ] How Many?       |
| 1. Has any professional liability claim or suit been made against any of **you** or any previous member of **your** current firm or predecessor firm within the last five (5) years? ***If “Yes”, please complete a Claim Supplement for each claim/incident.***
 | Yes [ ]  No [ ] How Many?       |
| 1. Are **you** aware of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? ***If “Yes”, please complete a Claim Supplement for each incident.***
 | Yes [ ]  No [ ] How Many?       |
| 1. Have all of the matters indicated above been reported to **your** appropriate professional liability carrier(s)? ***If “No”, please explain on a separate addendum***.
 | Yes [ ]  No [ ]  |

#####  Insurance History

1. Current policy expiration date:
2. What is the inception date of **your** earliest “claims made” policy maintained without interruption?
3. Please list all lawyers’ professional liability insurance policies carried by **you** for the past five (5) years or attach a copy of the Declarations Page from **your** current policy:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| POLICY PERIODFrom: To:Mo/Day/Yr Mo/Day/Yr | Insurance Company | Limits ofLiabilityPer Claim/Agg. | Deductible | AnnualPremium | No. ofAttorneysCovered |
|       to       |       |       |       |       |       |
|       to       |       |       |       |       |       |
|       to       |       |       |       |       |       |
|       to       |       |       |       |       |       |
|       to       |       |       |       |       |       |

1. Does **your** current policy have a prior acts exclusion (retroactive) date? Yes [ ]       /     /      No [ ]
2. Have any of **your** professional liability insurance policies been canceled or non-renewed during the last 5 years? (not applicable to Missouri Applicants) Yes [ ] No [ ]  ***If Yes, please provide details in a separate addendum***.
3. Does **your** current policy have any other type of endorsements that exclude or modify coverage? Yes [ ] No [ ]  ***If yes, please attach a copy of each endorsement.***
4. Please provide limits of liability and deductible options requested:

|  |  |
| --- | --- |
| **LIMITS OF LIABILITY:** | **DEDUCTIBLE:** |
| Per Claim/Aggregate |  |
| $     \_\_\_\_\_\_\_\_\_\_\_\_/$     \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $      \_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |
|  | \*Minimum deductible will apply based upon size of |  |
|  |  firm, areas of practice, and prior loss history |  |

#####  Representations and Signature

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for ONLY THOSE CLAIMS FIRST MADE AGAINST **YOU** while the policy is in force.

**FRAUD PREVENTION - GENERAL WARNING**

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from 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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO IDAHO 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.

**NOTICE TO INDIANA APPLICANTS:** Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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 MAINE APPLICANTS:** It is a crime to 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.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with 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.

**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 LOUISIANA AND 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 any Insurance Company or other person files an application for insurance or statement of claims 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

**NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON 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.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1.of this application, and/or their designees.

Signature of Applicant\* Date:

Title:       Firm:

\*SIGNING THIS FORM DOES NOT BIND **YOU** OR **US** TO COMPLETE THE INSURANCE.

Agent:

Producer: