

b. Has the applicant been involved in any merger, acquisition, consolidation or any other change? No Yes

If "Yes" to (a) and/or (b), please provide details and include any name changes for the firm: _____

c. Has any principal, partner, director, officer, or professional of the applicant performed professional services for any other business which the applicant has any ownership or managerial interest? No Yes

If "Yes", please explain: _____

3. Does the applicant provide services in multiple states or operate outside of the US? No Yes

If "Yes", list all states, including the percent (%) of total gross revenues from each state or country: _____

4. Please list all individuals who perform work for the company:

Full Name and Title	Type (select one)	Full- or Part-Time	Current Status	Year First Licensed	Years With Firm	Designation
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Owner/Principal/Partner/Director <input type="checkbox"/> Real Estate Agent/Broker/Independent Contractor <input type="checkbox"/> Property Management <input type="checkbox"/> Administrative (Non-Professional) <input type="checkbox"/> Appraiser <input type="checkbox"/> Other (Professional)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		

Attach separate list if necessary.

*** Professionals are defined as:** Owners, Partners, Officers, Real Estate Brokers/Agents/Salespersons, Appraisers, Property Managers, Consultants or Auctioneers including independent contractors.

a. Indicate the total number of full time professionals: * _____

** Full time professionals are defined as earning more than \$20,000 in annual income*

b. Indicate the number of part time professionals: * _____

** Part time professionals are defined as earning \$20,000 or less in annual income*

c. Indicate the total number of support staff: _____

REQUESTED LIMITS, COVERAGES & ENDORSEMENTS

1. Indicate Limits of Liability and deductible(s) requested:

Limits of Liability Per Claim/Aggregate (You may check more than one)

- \$100,000/\$100,000 \$500,000/\$1,000,000
 \$250,000/\$250,000 \$1,000,000/\$1,000,000
 \$250,000/\$500,000 \$1,000,000/\$2,000,000
 \$500,000/\$500,000 Other: _____

Deductible (You may check more than one)

- \$ 1,000 \$ 5,000 \$10,000 \$20,000 Other: _____
 \$ 2,500 \$ 7,500 \$15,000 \$25,000
 Loss Only Loss and Claims Expenses

LOSS INFORMATION

1. After Inquiry, is the applicant, or anyone to whom this insurance will apply, aware of any:
- a. Professional Liability claim made against them in the past 5 years? No Yes
 - b. Act or omissions in the performance of professional service for others which might reasonably be expected to be the basis of a claim or suit against them? No Yes
 - c. Complaint, disciplinary action or investigation by any regulatory authority?.. .. No Yes
 - d. Changes in any claims previously reported on past applications? No Yes

IMPORTANT NOTE: The applicant's disclosure of claim information does not indicate nor imply, in any way, that any act or omission is covered by this policy. In addition, circumstances or incidents that might reasonably be expected to be the basis of a claim MUST be reported to the applicant's current insurer before the claim reporting period expires.

2. **(Question not applicable in Missouri)** Has any application or policy for similar professional liability insurance on behalf of Applicant, partners, officers or employees or on behalf of predecessors in business ever been declined, cancelled, or renewal refused (Other than due to loss of market)? No Yes
If "Yes", please provide detail: _____
3. During the past 5 years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff? No Yes
If "Yes", provide currently dated carrier loss runs for past 5 years.
4. After inquiry, does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could reasonably result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? No Yes
If "Yes", please provide details via a Claim Supplement Application
5. After inquiry, has any of the Applicant's or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? No Yes
If "Yes", please provide details: _____

Applicant's Printed Name

Applicant's Title

Date

Coverage Questionnaire

As a licensed insurance broker, one of our fiduciary duties is to identify exposures and procure insurance coverage to mitigate your business risks. To fulfill our fiduciary responsibility we **require** this Insurance Risk Assessment be completed and returned to our office.

General Liability Policy	<hr/> <i>Carrier</i>	<hr/> <i>Effective Date</i>	<hr/> <i>Limit of Liability</i>	<i>Click here if none</i> <input type="checkbox"/>
Commercial Umbrella Policy	<hr/> <i>Carrier</i>	<hr/> <i>Effective Date</i>	<hr/> <i>Limit of Liability</i>	<input type="checkbox"/>
Commercial Auto Policy	<hr/> <i>Carrier</i>	<hr/> <i>Effective Date</i>	<hr/> <i>Limit of Liability</i>	<input type="checkbox"/>
Workers' Compensation Policy	<hr/> <i>Carrier</i>	<hr/> <i>Effective Date</i>	<hr/> <i>Limit of Liability</i>	<input type="checkbox"/>

Did you know that by owning a business your personal assets may be at risk? In order to better protect your hard earned assets, we recommend that all principals each carry a personal umbrella policy.

Personal Umbrella Policy	<hr/> <i>Carrier</i>	<hr/> <i>Effective Date</i>	<hr/> <i>Limit of Liability</i>	<input type="checkbox"/>
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Applicant's Printed Name

Applicant's Title

Date

ASSOCIATIONS LIABILITY INSURANCE AGENCY
CLAIM/DISCIPLINARY SUPPLEMENT FORM

To be completed only if applicable after completing the Loss Information section.

Name of Applicant: _____

A. Date of Claim/Disciplinary Action _____ Date of alleged error: _____

B. Claim No. _____ C. Full Name of Claimant: _____

D. Full Name of individual(s) of firm involved in claim: _____

E. Location address appraised/ inspected: _____

F. This relates to a: Claim/ Suit Disciplinary Action Incident

G. Incident/claim/Disciplinary action Open Closed

H. Name of Insurer _____

If no insurer, check here

I. Description of property appraised/inspected related to claim, disciplinary action or incident:

J. Alleged act, error or omission upon which Claimant bases claim, disciplinary action or incident:

K. Description of events and case:

L. Outcome:

M. What measures have you taken or will you take to prevent similar claims, disciplinary actions or incidents from arising?

I certify that the information in this supplemental application is complete and true. I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Signature of Applicant _____

Title _____

Date _____