



INSURANCE COMPANIES' ERRORS AND OMISSIONS INSURANCE APPLICATION FORM

1. Name of Company: _____
2. Principal Business Address: _____

3. State of Incorporation or Charter or Formation: _____
4. The Company has continuously been in business since:

5. Principal nature of business of the Company: _____

6. The following Officer of the Company is designated to give and receive notices to and from the Insurer with respect to notice of claims, cancellations or non-renewal, payment and return of premium, and other notices as required by the policy:

7. Subsidiary information: Please provide by attachment to this Application Form a listing of all subsidiaries more than 50% owned (including subsidiaries of subsidiaries) for which coverage is desired along with the nature of business, percentage of ownership, and date of acquisition or creation for each.
8. Regulatory Information:
 - A. Please provide the dates of the last three financial and market conduct regulatory examinations, along with the name of the examining agency: _____

 - B. Have all criticisms noted in the most recent examination been reviewed and appropriate corrective actions taken?
YES _____ NO _____.

If "NO", please provide an explanation by attachment to this Application Form.

- C. Did any such criticisms pertain to the claims handling or settlement practices or procedures of the Company?

YES ____ NO _____. If "YES", please explain:

- D. Has the Company during the past five years received an order to cease and desist or entered into any type of written agreement with any regulatory agency concerning the operations of the Company or any of its subsidiaries?

YES ____ NO _____. If "YES", please provide an explanation by attachment to this Application Form.

- | | | | |
|----|---------------------------|-----------|---------------|
| 9. | Premium Volume: | Last | Current |
| | | Full Year | Year Estimate |
| | A. Direct Written Premium | _____ | _____ |
| | B. Net Written Premium | _____ | _____ |

10. Are Professional Services (i.e. safety inspections, safety engineering, claims adjusting, loss control, personal injury rehabilitation, actuarial or insurance consulting, premium financing, risk management, or other similar functions) performed by the Company for non-policyholders?

YES ____ NO _____. If "YES", please list by attachment services provided along with the annual revenue for each service.

11. Does the Company provide safety engineering or loss control services to its policyholders?
YES ____ NO _____. If "YES", please complete items A-C below:

A. Number of safety engineering/loss control personnel employed:

B. Approximate number of safety engineering or loss control inspections performed annually:

C. Percentage of inspections for which the Company contracts with outside services: ____%.
Please attach a copy of the standard contract and hold harmless agreements, if any.

12. Claim Service Information:

A. Approximate annual number of reported claims:

	<u>Current Year</u>	<u>Prior Year</u>	<u>To - Date</u>
Life	_____	_____	
A & H	_____	_____	
Auto, BI & No Fault	_____	_____	
Auto, Property Damage	_____	_____	
Auto, Physical Damage	_____	_____	
General Liability & CMP	_____	_____	
Professional Liability	_____	_____	
Workers' Compensation	_____	_____	
Other Casualty	_____	_____	
Other Property	_____	_____	

- B. Total number of claims handling personnel employed by the Company, excluding secretarial and clerical: _____
- C. Percentage of claims handled by home office personnel: _____%.
- D. Percentage of claims sent to outside counsel: _____%.
- E. Does the Company contract with outside adjustment services?
 YES _____ NO _____. If "YES", please indicate the percentage of claims handled by outside services _____. Attach a copy of the standard contract and hold harmless agreements, if any (if none, please check here: _____).
- F. Does the Company have a written claims manual detailing all appropriate claims handling procedures?
 YES _____ NO _____.
- G. Does the Company have a formal training program for adjusters and/or examiners?
 YES _____ NO _____.
13. Does the Company have established procedures in effect for the handling of claims, suits or threats of action against the Company alleging errors or omissions or seeking punitive, bad faith or extra contractual damages?
 YES _____ NO _____. If "YES", please describe these procedures and complete items A-D below.
- _____

- A. Is a written directive in effect covering these procedures?
YES ____ NO _____. If "YES", please attach a copy of the directive with this Application Form.
- B. Please provide the year these procedures were established: _____
- C. Please list all senior personnel responsible for monitoring and reviewing all such claims or suits:
- Name: _____
- Title: _____
- Department: _____
- D. When do the procedures require that these senior personnel be notified of such actual or threatened causes of action?
- _____

14. Company Operation Information:

- A. Please list below or by attachment all lines of business the Company is currently writing together with the most recent annual written premium volume for each:
- _____
- _____
- _____
- B. Does the Company now have or has it had during the past five years, any agreements in effect with any Managing General Agent?
- YES ____ NO _____. If "YES", please provide the name of each MGA together with the class of business, annual premium volume, and claim settlement authority.
- _____
- _____
- _____

- C. Please list all pools in which the Company participates and designate any which are managed by the Company.

D. Please complete the following as respects general services provided by the Company:

	YES	NO	ANNUAL REVENUE
Agency & Brokerage Operations	_____	_____	
Securities Broker - Dealer	_____	_____	
Real Estate Syndication or Management			
Captive Management			
Insurance Consulting			
Pension Consulting			
Third Party Benefit Administration			
Financial Planning			
Investment Advisory Services			
Title or Escrow Agent			

E. Please complete the following regarding the Company's treaty and facultative reinsurance contracts as respects coverage for punitive and exemplary damages:

i.		Silent
ii.	Specifically	included
iii. Specifically excluded		

15. Professional Liability Claims Information:

A. Have any Errors and Omissions judgments, settlements, payments, claims or suits seeking punitive, exemplary, extra contractual or compensatory damages been made during the last five years against the Company or any of its directors, officers, or employees?

YES ____ NO ____ . If "YES", please provide by attachment a listing of all such judgments, settlements, payments, claims or suits made in the past five years, including details as to the date of the claim or suit, nature of the allegations, amount of damages sought, amount paid, and current status.

B. Does any person or entity whom this insurance is intended to cover have knowledge or information of any act, error, omission or circumstance which may result in a claim being made against the Company or its directors, officers or employees?

YES ____ NO ____ . If "YES", please explain:

IT IS AGREED WITH RESPECT TO QUESTIONS 15A AND 15B THAT ANY CLAIM ARISING THEREFROM (WHETHER OR NOT DISCLOSED HEREIN), IN ADDITION

TO ANY OTHER REMEDY THE INSURER MAY HAVE, IS EXCLUDED FROM THE PROPOSED COVERAGE.

16. Prior Coverage Information:

A. Has the Company ever had any similar insurance declined, cancelled or non-renewed?
YES _____ NO _____. If "YES", please explain:

B. If Insurance Company Professional Liability Insurance is currently carried, please complete the following:

(if none, so state):

i.				Carrier:
ii.	Effective	and	Expiration	Dates:
iii.	Limit	of		Liability:
iv.			Retention/Deductible:	
v.			Premium:	

17. Additional Information:

In addition to a fully completed Application Form, the following items must be included with any submission for consideration. Such items will be considered attached to and made a part of this Application Form.

If a specific item is not applicable for this Company, please note N/A next to that item.

A. Latest full year and most recent interim Convention Statements, both individual and consolidated;

B. Most recent Annual Report*;

C. Most recent Form 10-K filed with the SEC*;

D. Any reports, including Form 10-Q's, filed with the SEC subsequent to the Form 10-K filing*.

If the Company does not prepare Annual Reports or a Form 10-K, please submit a copy of the most recent Audited Financial Statements and interim Financial Statements in lieu thereof.

18. The undersigned authorized agents of the Company and its directors, officers and employees proposed for this insurance for the purpose of this Application Form declares that to the best of

such agents' knowledge and belief the statements made herein and responses attached hereto are true, and it is agreed that this Application Form shall be the basis of the contract and be deemed incorporated therein should the Insurer evidence its acceptance of this Application Form by issuance of a Policy. This Application Form will be attached to and become a part of such Policy, if issued.

19. The undersigned hereby authorizes the Insurer to make any investigation and inquiry in connection with this Application Form it deems necessary, and authorizes the release of any claim information from any prior insurer to the Insurer.

SIGNING THIS FORM DOES NOT BIND THE COMPANY OR THE INSURER TO COMPLETE THE INSURANCE. THE APPLICATION FORM MUST BE CURRENTLY SIGNED AND DATED TO BE CONSIDERED FOR QUOTATION.

FRAUD NOTICE - NEW YORK WARNING:

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 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.

PLEASE REVIEW THE POLICY CAREFULLY.

Except to such extent as may be otherwise provided for in the Policy, the Policy for which this Application Form is being submitted is limited to only those Claims that are first made against the Insured while the Policy is in force.

The Company agrees that if the information provided in this Application Form changes subsequent to the completion of this Application Form but prior to the time coverage is bound, the Company shall immediately notify the Insurer of such change and the Insurer shall have the right to modify or withdraw any quotation which the Insurer may have offered.

Authorized Signatures:
Name of Company:

Title

Must be signed by CEO or President

Date

Title

Must be signed by Senior Claims Officer

Date

Note: This Application Form, including any material submitted therewith, shall be treated in strictest confidence.

Please submit this Application Form together with all supporting attachments and documentation to:

***Hartford Financial Products
2 Park Avenue – 5th floor
New York, New York 10016
Attn: Financial Services Department***