

## PROFESSIONAL LIABILITY INSURANCE PROGRAM SPONSORED BY FINANCIAL SERVICES INSURANCE PURCHASING GROUP RENEWAL

APPLICATION FOR "CLAIMS-MADE" and "REPORTED" E&O INSURANCE FOR LIFE INSURANCE AGENTS AND SERIES 6 REGISTERED REPRESENTATIVES

E&O Plan Sponsor and Administrator: Financial Services Insurance Association 2685 Marine Way, Suite 1408 Mountain View, California 94043 License # 0B53955

(650) 428-0818 Tele. (650) 428-0860 Fax (800) 310-4486 Toll Free financialservices@prosurancegroup.com Underwritten by one of the following insurance companies: Scottsdale Insurance Company, Ohio Scottsdale Indemnity Company, Ohio Scottsdale Surplus Lines Insurance Company, Arizona

The undersigned, hereinafter referred to as *Applicant*, hereby makes application for "claims-made" and "reported" Professional Liability E&O Insurance coverage and in connection therewith furnishes Scottsdale Indemnity Company ("the Company") the following information.

I. Applicant										
Name:					Office T	Office Telephone:				
Mailing Address:							FAX Nu	FAX Number:		
State/Zip		Insurance Licenses Held:	Securi	ties Licenses Held	: Email:					
		Life		eries 6						
Years of Experience:		Accident & Health Other - Specify:		eries 7 ther - Specify:	Broker-De	aler:				
II. Insurance Coverage										
2a. Current Professional Liability Insurat	nce: 🗌 Yes	🗌 No			2b. Requeste	d Po	licy Inception I	Date:		
	2c. Choose De	esired Coverage and Limits:					\$500,000	\$1,000,0	00 Retent	tion
Inception Date:	Fixed Products	Only w/revenue of \$0 to \$	5250,000		Co	ost	\$810	\$965	\$2,50	00
		Only w/revenue \$250,001			Co	ost	\$1,325	1,59	5 \$5,00	)0
Retroactive Date:		Only w/revenue \$500,001				ost	□ \$1,975	2,37		00
		le Prod. & Mutual Funds w/				ost	\$965	1,17		
Activities Covered:		le Prod. and Mutual Funds				ost	☐ \$1,595	1,97		
	Fixed & Variab	le Prod. and Mutual Funds	w/reven	ue \$500,001 to \$1	, <b>000,000</b> Co	ost	\$2,375	\$2,92	5 \$10,0	00
III. Revenue										
3a. List <b>Applicant's</b> gross revenue for th	ne past year and	-	ear and r	iext year:						
Prior Year:		Current Year:			-	kt Ye	ar:			
3b. Split Applicant's estimated current	/ear's gross reve	enue into percentages by the	e followir							
Fixed Insurance & Annuity Sales:		0/		Securities Sales: Mutual Fund Sales:				%		
Fixed Life Insurance and Annuities: Accident and Health Insurance:		/0		Variable Life Insurance & Variable			ariable Annuit	v Sales:		_%
Sub Total:			Other Security Sales:				.,		_%	
Other Products and Services (Describe):		%	Sub Total:					_%		
		%		Total:					100 %	
IV. Claims and Complaints (If any c	of the following a	re answered "ves", vou may	/ not be e	eligible for the Proc	aram. Provide c	omp	lete explanatio	ons in Secti	on VI.)	_
IV. Claims and Complaints (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI. 4a. Has any claim, suit or arbitration for alleged malpractice, error, omission, mistake or other wrongful acts been made against <i>Applicant</i> ?								٧o		
4b. After a review of <b>Applicant's</b> records, does <b>Applicant</b> have any knowledge or information of any fact situation, allegation or incident which						Yes 🗌 N	No			
4c. Is <i>Applicant</i> aware of or involved in any fee dispute with a client?						Yes 🗆 N	No			
V. Disciplinary Action (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI.)										
5a. Has any professional license or registration of <i>Applicant</i> ever been denied, suspended, revoked, non-renewed or restricted in any way?							٩٥			
5b. Has <b>Applicant</b> ever been disciplined, fined, or suspended by the SEC, NASD, a state securities, corporation or insurance department or other regulatory body, or formally reprimanded by any court or administrative agency?						er 🗌	Yes 🗌 N	١o		
<ul> <li>5c. Has any complaint ever been filed against <i>Applicant</i> with a consumer agency, <i>Applicant's</i> broker/dealer, the SEC, NASD, a state insurance, corporation or securities department or other regulatory body? Is <i>Applicant</i> currently under investigation by any of these authorities?</li> </ul>						e, 🗌	Yes 🗌 N	٩o		
5d. Has <b>Applicant</b> ever been formally accused of violating any professional association's code of ethics?							Yes 🗌 N	No		
5e. Has <b>Applicant</b> ever been convicted of a criminal offense other than minor traffic violations?							Yes IN			

	Yes	
<ul> <li>5g. Has Applicant ever had a professional liability insurance policy or fidelity bond declined, canceled, issued on special terms, renewal refused or had a request that an application for insurance or for a bond be withdrawn?</li> </ul>	☐ Yes	🗌 No

VI. Explanations (Please use this area if additional space is needed to answer any question.)			

## REPRESENTATIONS, WARRANTIES AND AGREEMENTS

Applicant makes the following representations, warranties and agreements:

- 1. It is understood that completion of this *Application* does not constitute acceptance of this *Application* or obligate the Company to complete the insurance applied for. It is understood and agreed that the language of the policy, and not any summary language or marketing material, will determine insurance coverage.
- It is understood and agreed: (a) that this *Application*, including, without limitation, all information submitted verbally or in writing in connection herewith and not contained herein, will be relied upon by the Company in making a decision whether to issue coverage; (b) that this *Application* will be made a part of the policy; and (c) that any such coverage will be issued in reliance upon the representations made in connection with this *Application*.
- 3. It is understood and agreed that failure to provide a true and complete response to any of the questions, statements or requests for information in this Application or to provide any other information material to this Application may, at the sole option of the Company, result in the voiding of the insurance coverage issued in reliance on this Application and/or denial of coverage for specific claims asserted against Applicant. The undersigned, Applicant, hereby waives any defense to an action by the Company for rescission of such coverage based upon misrepresentation of fact or failure to disclose material information in connection with this Application. Applicant agrees to hold the Company harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the Company in connection with said action for rescission.
- 4. Applicant authorizes and consents to investigation of information bearing upon Applicant's moral character, professional reputation, and qualifications to engage in the activities to be insured, including, without limitation, authorization to every person or entity, public or private, to release to the Company, its agents and authorized representatives, any documents, records or other information bearing upon the foregoing. It is understood and agreed that these investigations may not be confined to information submitted in this Application, but may include any other information deemed relevant by the Company. It is understood and agreed that organizations releasing such information, their agents, servants and employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization, including any errors, omissions or mistakes contained in such released information.
- 5. Applicant will notify the Company within 10 days of any material change in the nature of Applicant's business (including, without limitation, any changes in location, the kind of products sold or services provided or the answers to the questions posed in Sections III and IV of this Application) while this Application is pending and throughout the term of any coverage issued by the Company.

APPLICANT SIGNATURE:	_ Date:
PRINT NAME:	

NOTICE: Any person who knowingly and with intent to defraud an insurance company or its representatives files an application for insurance containing false information, or conceals information on any fact material thereto, commits a fraudulent insurance act which is a crime.