

Instructions to the applicant:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation
 2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.
 3. Application must be signed and dated by authorized person.
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APPLICANT: _____

1. Are you a member of a premium finance association? Yes No

If Yes, Name: _____

2. Are you owned, operated or affiliated with an Insurance Company or Insurance Agency? Yes No

If Yes, Name: _____

3. Are you owned, operated or affiliated with a Bank or Financial Institution? Yes No

If Yes, Name: _____

4. Do you send a preliminary notice of Intent to Cancel? Yes No

5. Regarding notices:

(i) Do you use window envelopes with document number showing? Yes No

(ii) Is the name of the addressee the same as the named insured? Yes No

(iii) Is a proof of mailing receipt obtained from the Post Office? Yes No

(iv) Do you send a copy to the Broker? Yes No

(v) Are cancellation notices sent to the same address as listed on the Policy? Yes No

6. Are you licensed as a Premium Finance Company? Yes No

If Yes, List States in which you are licensed to operate: _____

7. (i) Number of Finance Agreements: 2 Years ago: _____

Last Year: _____

Current Year Projected: _____

(ii) Type of Insurance Coverage Financed:

Class

%

_____	_____
_____	_____
_____	_____

8. Average Premium Financed:

2 Years ago: _____

Last Year: _____

Current Year Projected: _____

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)