



# Silver Eagle Agency, Inc.

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Application must be signed and dated by owner, partner or officer. If space is insufficient to answer fully any questions, please attach separate sheet. Please answer all questions, leave no blank spaces.

## AVIATION INSURANCE ASSOCIATION

### INSURANCE BROKER'S PROFESSIONAL INDEMNITY INSURANCE

#### LLOYD'S APPLICATION FORM

(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

*NOTE: In applying for the coverage, the applicant understands that in the event of an insured loss, the limit of liability and deductible shall be inclusive of the loss payment and the claim expenses as defined in the policy.*

1. NAME OF FIRM AND ADDRESS OF THE HEAD OFFICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ADDRESS (ES) OF BRANCH OFFICES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. NAMES AND ADDRESSES OF PARENT AND SUBSIDIARY OPERATIONS, AND % OWNED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. THE APPLICANT IS:      INDIVIDUAL                       PARTNER                       CORPORATION

OTHER (DESCRIBE): \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

IF ESTABLISHED WITHIN THE LAST THREE YEARS, PLEASE PROVIDE DETAILS OF PREVIOUS INSURANCE EXPERIENCE OF PRINCIPALS:

5. DURING THE PAST FIVE YEARS:

(a) HAS THE NAME OF THE FIRM BEEN CHANGED? YES  NO

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

(b) HAS ANY OTHER FIRM BEEN PURCHASED, MERGED OR CONSOLIDATED WITH THE APPLICANT? YES  NO

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

6. WHAT IS THE TOTAL NUMBER OF PARTNERS, STAFF AND OFFICE BROKERS? \_\_\_\_\_

(a) WHAT IS THE TOTAL NUMBER OF PARTNERS, STAFF AND OFFICE BROKERS? \_\_\_\_\_

(b) ALL STAFF, SUCH AS CLERKS, TYPISTS, TELEPHONE OPERATORS, ETC. ? \_\_\_\_\_

(c) SOLICITORS AND OFFICE BROKERS REMUNERATED ON A COMMISSION BASIS (TO BE NAMED ON A SEPARATE SCHEDULE) \_\_\_\_\_

7. IS THE FIRM LICENSED (WHERE NECESSARY) OR DOING BUSINESS AS:

(a) INSURANCE BROKER YES  NO

(b) INSURANCE AGENT YES  NO

(c) GENERAL INSURANCE AGENT YES  NO

(d) MANAGING GENERAL AGENT YES  NO

(e) UNDERWRITER FOR A POOL OF COMPANIES YES  NO

(f) INSURANCE CONSULTING/ADVISING YES  NO

8. IF THE ANSWER TO 7. (d) OR (e) IS 'YES', PLEASE GIVE THE FOLLOWING INFORMATION FOR EACH CONTRACT/AGREEMENT:

NAME OF CONTRACT/AGREEMENT \_\_\_\_\_

(a) PREMIUM INCOME \_\_\_\_\_

(b) COMMISSION OR FEES \_\_\_\_\_

(c) MAXIMUM LIMIT(S) \_\_\_\_\_

(d) CLASSES INSURED \_\_\_\_\_

(e) INSURERS FOR WHOM THE ASSURED HAS AUTHORITY TO UNDERWRITE RISKS \_\_\_\_\_

(f) EXPLAIN IN DETAIL THE EXTENT OF AUTHORITY GRANTED TO YOU IN RESPECT OF EACH BINDING AUTHORITY \_\_\_\_\_

9. IS THE APPLICANT INVOLVED IN ANY OF THE FOLLOWING ACTIVITIES, IF 'YES' PLEASE SHOW PERCENTAGE OF TOTAL REVENUE RECEIVED FROM EACH ACTIVITY:

(a) REAL ESTATE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(b) MUTUAL FUNDS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(c) PREMIUM FINANCING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(d) CLAIMS ADJUSTING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(e) LOSS PREVENTION ENGINEERING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(f) THIRD PARTY ADMINISTRATOR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(g) LAW PRACTICE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(h) IS THE APPLICATION ENGAGED IN ANY ACTIVITIES OTHER THAN THOSE ALREADY LISTED IN QUESTIONS 7 & 8? IF 'YES' PLEASE LIST ADDITIONAL ACTIVITIES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____

**PLEASE NOTE THAT NO COVERAGE IS GRANTED FOR THESE ACTIVITIES UNLESS SPECIFICALLY AGREED BY ENDORSEMENT TO THE POLICY.**

10. WHAT IS THE ANNUAL PERCENTAGE BREAKDOWN BY LINE OF BUSINESS OF THE APPLICANT'S ANNUAL PREMIUM INCOME?

	% OF TOTAL
(a) BUSINESS AND PLEASURE	% _____
(b) COMMERCIAL AVIATION (FIXED WING)	% _____
(c) COMMERCIAL AVIATION (ROTOR WING)	% _____
(d) ROTOR WING	% _____
(e) AIRPORT LIABILITY	% _____
(f) PRODUCTS LIABILITY	% _____
(g) WORKERS COMPENSATION	% _____
(h) PROPERTY	% _____
(i) OTHER AVIATION RELATED INCOME	% _____
(j) OTHER (PLEASE SPECIFY)	% _____

11. DOES THE APPLICANT PLACE BUSINESS WITH LLOYD'S UNDERWRITERS, IF 'YES' PLEASE GIVE THE APPROXIMATE PERCENTAGE OF YOUR TOTAL COMMISSION/BROKERAGE DERIVED THEREFROM:

(a) DIRECTLY THROUGH ANY FIRM OF LLOYD'S BROKERS IN LONDON?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %
(b) INDIRECTLY THROUGH THE INTERMEDIARY OF ANOTHER NORTH AMERICAN AGENT OR BROKER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____ %

12. WHAT PERCENTAGE OF THE APPLICANT'S BUSINESS IS:

(a) RECEIVED DIRECT FROM INSURED?	% _____
(b) ACCEPTED FROM OTHER PRODUCERS?	% _____

13. DURING THE APPLICANT'S LAST FINANCIAL YEAR WHAT WAS:

- (a) TOTAL PREMIUM INCOME \_\_\_\_\_
- (b) TOTAL COMMISSION OR BROKERAGE \_\_\_\_\_
- (c) INSURANCE CONSULTING FEES \_\_\_\_\_
- (d) TOTAL FEES DERIVED FROM OTHER ACTIVITIES (PLEASE LIST) \_\_\_\_\_

14. LIST THE TOP FOUR INSURANCE COMPANIES BY PREMIUM INCOME WITH WHICH YOU PLACE BUSINESS AND SHOW THE DOLLAR VOLUME FOR EACH:

INSURANCE COMPANY	ADMITTED?		VOLUME PLACED	CURRENT "BESTS" RATING
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____

- 15. (a) DOES APPLICANT DELEGATE BINDING AUTHORITY TO SUB-PRODUCERS? YES  NO
- (b) DOES THE APPLICANT ADJUST CLAIMS? YES  NO
- (c) DOES THE APPLICANT HAVE CLAIMS SETTLEMENT AUTHORITY? YES  NO
- IF 'YES', PLEASE PROVIDE DETAILS \_\_\_\_\_
- (d) DOES THE APPLICANT HAVE AUTHORITY TO DENY CLAIMS? YES  NO
- (e) DOES THE APPLICATION NEGOTIATE/PURCHASE REINSURANCE? YES  NO

16. HOW ARE STAFF MEMBERS KEPT INFORMED OF CHANGES IN LEGISLATION THAT MIGHT AFFECT YOUR FIRM, CLIENTS OR CARRIERS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. DO YOU HAVE PROCEDURES TO RECORD AND DOCUMENT FOR THE FILE ALL BUSINESS-RELATED TELEPHONE CONVERSATIONS AND REQUIRE EMPLOYEES TO FOLLOW THOSE PROCEDURES? YES  NO

18. ARE ALL DECLINATIONS OF COVERAGE CONFIRMED IN WRITING? YES  NO

19. DO YOU OBTAIN INSTRUCTIONS IN WRITING FROM CUSTOMERS WHO WANT THEIR INSURANCE COVERAGE REDUCED OR ELIMINATED? YES  NO

20. ARE CUSTOMERS ADVISED IN WRITING WHENEVER INSURANCE COVERAGE CANNOT BE BOUND IMMEDIATELY OR WHEN SPECIAL RESTRICTIONS AND/OR ENDORSEMENTS APPLY? YES  NO

21. PLEASE GIVE FULL PARTICULARS OF ALL SIMILAR INSURANCES DURING THE PAST FIVE YEARS:

INSURER	AMOUNT OF POLICY	DEDUCTIBLE	PERIOD	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. WHAT IS THE CURRENT RETROACTIVE DATE ON YOUR POLICY? \_\_\_\_\_

23. HAS ANY APPLICATION FOR INSURANCE MADE ON BEHALF OF THE FIRM OR ANY OF THE PRESENT PARTNERS OR, TO THE KNOWLEDGE OF THE FIRM, ON BEHALF OF THEIR PREDECESSORS IN BUSINESS, EVER BEEN DECLINED OR HAS ANY SUCH INSURANCE EVER BEEN CANCELLED OR RENEWAL REFUSED? YES  NO

24. HAS THE APPLICANT OR ANY PARTNER OR EMPLOYEE OF ANY APPLICANT PROPOSED FOR INSURANCE EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY ANY STATE LICENSING AGENCY OR OTHER REGULATORY BODY? YES  NO

25. HAVE ANY CLAIMS BEEN MADE DURING THE PAST FIVE YEARS AGAINST THE FIRM, THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT PARTNERS OR, TO THE KNOWLEDGE OF THE FIRM, AGAINST ANY PAST PARTNERS? YES  NO

26. IS THE FIRM AWARE, AFTER ENQUIRY, OF ANY CIRCUMSTANCES WHICH MAY RESULT IN ANY CLAIMS BEING MADE AGAINST THE FIRM, THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR PAST PARTNERS? YES  NO

IF 'YES' TO ANY OF 23-26 PLEASE GIVE FULL PARTICULARS ON A SEPARATE SHEET.

27. (a) WHAT LIMIT OF INDEMNITY IS REQUIRED? \_\_\_\_\_

(b) WHAT AMOUNT OF DEDUCTIBLE IS REQUIRED? \_\_\_\_\_

28. ARE YOU CURRENTLY A MEMBER OF THE AVIATION INSURANCE ASSOCIATION? YES  NO

*I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MISSTATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.*

NAME OF FIRM \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_