



Application for Crop Insurance Agents and Brokers Professional Liability Insurance
Claims Made Coverage

Applicant's Instructions

Maxum Indemnity Company recognizes that our customers must have effective quality and risk management practices to compete in their industry. A sterling reputation is built from sound management and business practices which will consistently provide the quality service and value required by their customers.

This application will allow us to make the right decision regarding your insurance and assist you in analyzing your potential exposures to loss.

IMPORTANT: Please attach the following information about your services and company:

1. Complete narrative of your professional services provided. Attach literature, brochures, and other information which would best describe your work.
2. Resumes of all principals or partners.
3. Current complete financial information.
4. Your standard sales, service, or license contracts.
5. If requesting a prior retroactive date, a copy of the current policy.
6. Currently valued hard copy loss runs.

Applicant Information

1. Name of Applicant:

2. Principal Business Address:

(Street)

(City) (State) (Zip)

3. Address(es) of Branch Office(s):

4. Website Address(es):

5. Phone Number: () _____ Fax Number:
() _____

Applicant Information continued

6. Date established: _____ / _____ / _____
7. Business is a: Corporation Partnership Individual Other
If other, please explain.

8. Coverage Requested:
(a) Limits of Liability requested: \$ _____ Each Claim
\$ _____ Aggregate
(b) Deductible requested: \$ _____
(c) Effective Date requested: _____ / _____ / _____
(d) Retroactive Date requested: _____ / _____ / _____

For questions 9-16, if the answer is "YES", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "Yes" answers.

9. Is the applicant firm controlled, owned or affiliated with any other firm, corporation or company? Yes No
10. Does the applicant provide Claim Adjusting services? Yes No
11. Act as Third Party Administrator? Yes No
12. Act as Reinsurance Broker? Yes No
13. Provide Safety or Loss Control Consultant? Yes No
14. Is the applicant involved in Mutual Fund Sales? Yes No
15. Does the applicant derive more than 10% of its premium or commission from business other than crop insurance? Yes No
16. Has the applicant firm ever been involved in the formation, management or administration of any of the following:
- a. Self-insured trusts Yes No
 - b. Insurance pools Yes No
 - c. Risk retention groups Yes No
 - d. Health maintenance organizations Yes No
 - e. Any other self-insured risk-bearing entities Yes No

Quality Assurance Management

For questions 17-24, if the answer is "No", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "No" answers.

17. Do all locations share the same policies & procedures?
(Answer N/A if the applicant has 1 location) N/A Yes No
18. Have all principals been selling Crop Insurance for at least 3 years? Yes No
19. Is all incoming mail date stamped? Yes No
20. Are all binders confirmed in writing? Yes No
21. Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of cancellations or material changes in coverage? Yes No
22. Does the applicant have a date control system in place to track policy and binder expirations, etc.? Yes No
23. Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than requested? Yes No
24. Are all revenues derived from Retail Insurance Commissions and fees? Yes No
25. Please provide the breakdown of your Premium Volume by line of cover for the upcoming policy period:

Line of cover

Commission & Fees:

Crop Insurance
Other Insurance

\$ _____
\$ _____

26. Total Commission and fees: \$ _____

If total Commissions and Fees exceed \$1,500,000, coverage cannot be bound through this program. If you desire an indication outside this program, please submit to Maxum Indemnity Company through the normal brokerage channels.

Insurance History

27. Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

Does the current policy have a prior acts limitation or retroactive date? Yes No
 If "Yes," please indicate date: _____ / _____ / _____

Claims Summary

For questions 28 and 29, if the answer is "YES", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "Yes" answers.

28. Have any claims, suits, or demands been made against the applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past five (5) years? Yes No

29. After inquiry with all principals, partners and officers, is the applicant aware of any dispute, error, omission, act or circumstance that is, or could reasonably be expected to become a claim under the policy for which this application is submitted to the Underwriters? Yes No

Section Two – Coverage Selection (Check options desired):

TOTAL PREMIUM VOLUME	LIMIT DESIRED	PREMIUM
\$ _____	<input type="checkbox"/> \$500,000 / \$500,000 <input type="checkbox"/> \$500,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000	\$ _____

Requested effective date (no backdating): _____

Notice to Applicant

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

Claims Made Coverage - Notice to Applicant

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

Signed: _____ Date: _____

Authorized signature of a Principal or Officer

Print Name: _____ Title: _____

(Must be signed and dated no more than 45 days prior to binding)