

New Business Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Application, the term **Applicant** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities, subsidiaries, proposed for insurance unless otherwise stated.

A. CONTACT INFORMATION

- Full Legal Name of **Applicant** (include all firm names, franchise affiliations, trading names and DBAs under which the **Applicant** operates): _____
Applicant is a: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP
☐ Independent Contractor ☐ Other: _____
- Mailing and Physical Address of **Applicant** including contact information:
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address (if different): _____
Primary **Applicant** contact name: _____
Title: _____ Phone #: _____
Email: _____
Website: _____
- Has the **Applicant** ever operated under any other name? ☐ Yes ☐ No
If "Yes", please explain: _____
- Are **You** controlled, affiliated with or owned by any other firm or business enterprise? ☐ Yes ☐ No
If "Yes", please explain: _____

B. GENERAL BUSINESS INFORMATION

- Date **Applicant** was established: _____
- How many years of industry experience do **You** have? _____
- Describe **Your** Professional Services:

Professional Services	Total Revenue – Past 12 months	Total Revenue – Projected Next 12 months
	\$	\$
	\$	\$
	\$	\$

- Do **You** provide services or operate outside the United States? ☐ Yes ☐ No
If "Yes", please explain what services and locations: _____

9. Please complete the following information for the current year:

Staff	Full Time	Part Time
Principals/Professionals		
Administrative/Clerical		

10. Are **You** a member of any professional association?

☐ Yes ☐ No

If "Yes", please identify them: _____

11. Describe **Your** five largest projects or jobs during the past three years.

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job
		\$
		\$
		\$
		\$
		\$

12. Do **You** use written contracts with **Your** clients?

Always ☐ Sometimes ☐ Never ☐ N/A ☐

If **You** use contracts, does the contract contain:

a. A detailed description of **Your** services to be provided?

☐ Yes ☐ No ☐ N/A

b. A hold harmless agreement and/or Limitation of Liability in **Your** favor?

☐ Yes ☐ No ☐ N/A

c. Industry standard forms?

☐ Yes ☐ No ☐ N/A

13. Subcontractors:

a. Do **You** use independent contractors and/or subcontractors?

☐ Yes ☐ No

If "Yes", do **You** require them to carry their own professional liability insurance?

☐ Yes ☐ No

b. What percentage of **Your** services are performed by independent contractors and/or subcontractors? ____%

14. Do **You** utilize any risk management procedures to reduce losses?

☐ Yes ☐ No ☐ N/A

15. Do **You** have a formalized training program for employees?

☐ Yes ☐ No ☐ N/A

16. Do **You** anticipate any significant changes in the nature of **Your** Professional Services or business structure in the next twelve (12) months? Or have there been any such changes in the past twelve (12) months?

☐ Yes ☐ No

If "Yes", please explain: _____

17. Does the **Applicant** have any subsidiaries for which coverage is requested?

☐ Yes ☐ No

If "Yes", please complete the schedule below.

Subsidiary Information

Full Legal Name	% Owned	Year Started	Description of Operations

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries not fully disclosed in response to Question 17.

18. Are **Your** computer systems protected with regularly updated firewall, ant-virus and anti-malware software? ☐ Yes ☐ No
19. Are **Your** portable electronic devices and removable electronic media protected by encryption? ☐ Yes ☐ No
20. Do **You** require annual training on information security for all personnel? ☐ Yes ☐ No

C. CURRENT INSURANCE INFORMATION

21. Please provide the following information regarding the **Applicant's** most recent insurance policies. If no coverage is currently in-force please indicate with a N/A. ☐

Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$ /\$	\$	\$
		\$ /\$	\$	\$
		\$ /\$	\$	\$
Retroactive Date:	(This is the date the Applicant first purchased claims made coverage that has been continuously in-force without interruption.)			

22. During the past 5 years, has any professional liability claim or suit ever been made against the **Applicant**, any predecessor firm or any of the **Applicant's** current or former professional staff? ☐ Yes ☐ No
If "Yes", please indicate how many: _____ Please submit 5 year loss runs and complete a Supplemental Claim Form for each claim.
23. Does any of the **Applicant's** professional staff know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Applicant** or any predecessor firm or any of the **Applicant's** current or former professional staff? ☐ Yes ☐ No
If "Yes", indicate how many: _____ and complete a Supplemental Claim Form for each potential claim.
24. Has any of the **Applicant's** or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? ☐ Yes ☐ No
If "Yes", please provide complete details on a separate sheet.

D. REQUESTED COVERAGE

25. Limit requested:
- ☐ \$100,000/\$300,000 ☐ \$250,000/\$250,000 ☐ \$250,000/\$500,000 ☐ \$500,000/\$500,000
- ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$1,000,000 ☐ Other: \$ _____
26. Deductible requested:
- ☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000 ☐ \$15,000
- ☐ \$25,000 ☐ Other: \$ _____

E. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Applicants**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached

to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Applicant** to purchase insurance.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Agent's Signature: _____

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

1. Name of applicant or insured: _____

2. Does the applicant provide services to the following types of clients? If "Yes" to any of a through e below, please provide the percentage of total services provided.

- | | |
|--|--|
| a. Health and welfare plan consulting _____% | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Single employer plans _____% | _____% |
| ii. Multi-employer plans _____% | _____% |
| iii. Multi-employer trusts (METs) _____% | _____% |
| iv. Multi-employer welfare arrangements (MEWAs) _____% | _____% |
| v. HMOs _____% | _____% |
| vi. PPOs _____% | _____% |
| vii. Cafeteria plans _____% | _____% |
| viii. Employee assistance programs _____% | _____% |
| ix. Group life insurance _____% | _____% |
| x. AD&D _____% | _____% |
| xi. Dental/vision plans _____% | _____% |
| xii. STD and LTD plans _____% | _____% |
| xiii. Corporate plans _____% | _____% |
| xiv. Taft-Hartley plans _____% | _____% |
| xv. Public/government plans _____% | _____% |
| xvi. Association plans _____% | _____% |
| b. Pension and/or profit sharing _____% | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Defined contribution plan _____% | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Profit sharing plan _____% | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Other _____% | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Other, describe: _____



3. Please provide the percentage of the applicant's fees derived from the following services, total must equal 100%:

SERVICE	%
Administration of health plans	%
Administration of pension plans	%
Administration of self-insured workers' compensation	%
Administration of other self-insured programs	%
Specify coverage: _____	
Placement of stop loss or reinsurance products	%
Placement of L/A&H insurance to fund plans administered by applicant	%
Placement of L/A&H insurance other than above	%
Placement of P&C insurance	%
Loss control services (describe on separate attachment)	%
Consulting services (describe on separate attachment)	%
Actuarial services	%
Utilization review	%
Sale of financial products	%
Describe all products: _____	
Financial consulting or planning	%
Human resources consulting	%
Accountant/CPA services	%
Claims administration services	%
Insurance agent/broker services	%
Premium collection/billing services	%
Underwriting/policy issuance	%
Administrator for credentialing services	%
Electronic data processing collection	%
Other (specify): _____	%
Total	100%

4. Does the applicant have any certifications, designations or credentials relating to the benefits consulting industry?

☐ Yes ☐ No



5. Does the applicant or any of its principals or employees retain ownership interest in and/or act as a partner, director, officer or trustee for any clients or any plans? ☐ Yes ☐ No

If "Yes," provide complete details:

6. Describe the procedures utilized by the applicant to ensure that the plans administered comply with ERISA.

7. Are actuarial certifications reviewed by a member of the Society of Actuaries or American Academy of Actuaries? ☐ Yes ☐ No

If "Yes," please explain the services provided:

8. Provide the number of actuaries on staff: _____

Of that number, provide number of enrolled actuaries on staff: _____

If none, does the applicant subcontract all actuarial services to a third-party? ☐ Yes ☐ No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____