



Fran Kelly Professional Liability, LLC Brokerage Agreement

_____ (“Client”) hereby designates Fran Kelly Professional Liability, LLC (Producer) to act as your representative in the marketplace to locate certain insurance for Client’s insurance needs. Acting as your representative, Producer will provide to Client various services during this process as described below generally:

- Discuss with you specifics about your insurance needs;
- Assist you, at your request, with questions regarding the completion of any application for insurance;
- Search available markets for an insurer(s) interested in providing insurance;
- Present to you any proposals and/or sample policies or policy summaries of insurers willing to provide a quote offer;
- Facilitate the acceptance process, binder issuance and policy delivery;
- Assist you throughout the policy term by providing assistance and service on the policy as reasonably expected.

Cyber crime advisory: E&O policies are not intended to cover this exposure. To fully address this risk, we recommend separate cyber and crime policies.

Our agency as Producer may charge a fee for the placement and/or servicing of your insurance needs. This fee varies based upon the terms and conditions of the various quote offers/proposals we secure and the ultimate acceptance by Client. Our fee, if any, will be disclosed to you at the time of review of the quote offers/proposals. Other fees may be charged by the insurer, general agency, the state or other party(s) in the process. Any such fees will be disclosed at the time a quote/proposal offer is made and can include such items as:

- Policy fee
- Administrative fee
- Insurer fee
- Surplus lines tax
- Surplus lines stamping fee

Client agrees that such fees may be charged and agrees to pay such fees, in addition to the premium, as a condition to coverage and will timely remit such payment when billed. All premium and fees will be disclosed as part of the quote/offer and shall be in writing. Acceptance by Client of the quote/offer constitutes Client’s awareness and acceptance of such fee(s) charges. This Agreement shall apply to renewal of any policy issued as the result of this Agreement but may be revoked by either Client or Producer to be effective at the next annual anniversary date of the policy.

By Producer

By Client

Date: _____

Date: _____

Surplus Lines New Business Application –Abstractors

Underwritten by Hanover Atlantic 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.

RISK PURCHASING GROUP NOTICE

This Miscellaneous Professional Liability Risk Purchasing Group Policy may not be protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] the Norman-Spencer Real Estate Risk Purchasing Group, Inc. is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

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, entities, and subsidiaries proposed for insurance unless otherwise stated.

A. CONTACT INFORMATION

1. 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:

2. Mailing and Physical Address of Applicant including contact information:

Mailing Address: City: State: Zip Code: Physical Address (if different): Primary contact name: Title: Phone #: Email: Website:

3. Does the Applicant have any additional locations? If Yes, please provide address(es): Yes No

4. Has the Applicant ever operated under any other name? If Yes, please explain: Yes No

5. Is the Applicant controlled, affiliated with or owned by any other firm or business enterprise? Yes No

If "Yes", please explain: _____

B. GENERAL BUSINESS INFORMATION

6. Date business commenced: _____

7. Does any person or entity with any equity or ownership interest in the **Applicant** also own, control, manage, or operate a law firm, real estate agency, real estate development or investment firm, construction firm, mortgage or financial institution, title insurance underwriting company, or another title insurance agency? Yes No

If "Yes", please explain: :

8. In the past FIVE (5) years, has the name of the **Applicant** been changed, or has any other business been purchased, merged, or consolidated with the **Applicant**? Yes No

If "Yes", please explain: :

9. Please provide the ownership structure and the respective percentage of ownership:

	Name	Ownership Percentage	Active in this Operation?
a.	_____	_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	_____	_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	_____	_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	_____	_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please list all states where the **Applicant** performs professional services: _____

11. Total Number of Personnel: _____

12. Please list all officers, directors, partners and professional employees. Check all boxes that apply for each. (Use a separate sheet if necessary.)

Name	Abstractor / Searcher	Witness Closer / Notary Public	Other (Specify)	Years of Experience

13. Please provide **Applicant's** annual revenue.

- a. Revenue for LAST 12 months: \$ _____
- b. Projected revenue for NEXT 12 months: \$ _____

14. Please detail the percentage of annual revenue and the average number of monthly transactions from each service:

	Percentage of Annual Gross Income	Average Number of Monthly Transactions
a. Abstractor/Searcher	%	_____
b. Witness Closer/Signing Agent	%	_____
c. Other (specify) _____	%	_____
Must Total	100%	

15. Please detail total revenue percentage by type of service performed.

a. Residential	%	d. Oil/Gas	%
b. Commercial	%	e. Other (specify) _____	%
c. Agricultural	%	Must Total	100%

16. Does the **Applicant** hire others to perform title searches? Yes No

If "Yes", what % of **Your** work? _____ %

17. Does the **Applicant** hire others to perform notary services? Yes No

If "Yes", what % of **Your** work? _____ %

C. CURRENT INSURANCE INFORMATION

18. Please provide the following information regarding the **Applicant's** most recent insurance policies. If no coverage is currently in-force, please indicate by checking this box:

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

19. During the past 5 years, has any professional liability claim or suit ever been made against the **Applicant**, any **Subsidiary** 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.

20. Do any of **You** know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Applicant**, any **Subsidiary** 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.

21. Have any of **You** ever been subject to a disciplinary inquiry, complaint, grievance, or proceeding, or had their license revoked or suspended, or been reprimanded? Yes No

If "Yes", please provide complete details on a separate sheet.

D. REQUESTED COVERAGE

22. Limit requested:

\$500,000/\$500,000

\$1,000,000/\$1,000,000

E. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Applicant**, 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.

The information requested in this application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or **Potential Claim**.

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

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA AND OKLAHOMA: 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 in FL).

KANSAS: 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; commits a fraudulent insurance act.

KENTUCKY, OHIO AND PENNSYLVANIA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NEW YORK: 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF **APPLICANT'S** AUTHORIZED REPRESENTATIVE

Date

Signature**

Title

This application must be signed by the chief executive officer, president, chief financial officer, managing partner or owner of the **Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Broker's Signature: _____

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

Claim Supplemental Application

Underwritten by Hanover Atlantic Insurance Company

INSTRUCTIONS

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

A. APPLICANT INFORMATION

1. Name of **Firm** _____
2. Full name of individual lawyer(s) and firm involved in claim, suit or incident:

B. GENERAL INFORMATION

3. Additional defendants: _____
4. Name of claimant(s) or potential claimant(s): _____
5. Date **You** first became aware of the alleged error: _____
6. Name of carrier: _____
Date reported to carrier: _____
7. Status:
 Potential/Incident Only Open Closed In Suit
8. If Open or In Suit:
 Insurer's paid losses to date: \$ _____
 Loss reserves: \$ _____
 Insurer's paid expenses to date: \$ _____
 Expense reserves: \$ _____
9. If Closed:
 Date closed: _____
 Total expenses paid: \$ _____
 Total indemnity/loss paid: \$ _____

10. Please provide a brief description of the claim or potential claim, including the alleged wrongful acts, the events leading to the claim, and the type & extent of the injury or damage alleged:

Four horizontal lines for text entry.

11. What procedures have been implemented to prevent a recurrence of this type of claim? Please provide a detailed explanation:

Four horizontal lines for text entry.

C. DECLARATIONS, NOTICE AND SIGNATURES

The undersigned, acting on behalf of the Firm, 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 Firm to purchase insurance.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to Us under any policy of a Claim or potential Claim.

Note: This Application must be signed by a representative of the Firm acting as the authorized representative of all of You.

Date Signature/Title
(mm/dd/yyyy) (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)