

COMMERCIAL LINES APPLICATION

This is an application for a Claims-Made policy. Coverage is effective only upon company's approval. If more space is needed to answer questions, please attach additional information.

Agency/named insured: _____ Policy number: _____

If additional space is required to respond to any questions, please use a separate sheet of paper and reference the question number.

Part 1 – General information

1. What are your five largest **classes** of commercial business written (i.e., manufacturing, contractors, municipalities, etc.) and what is the **PREMIUM VOLUME** for each?

<u>Classes of Commercial Business</u>	<u>Premium Volume</u>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____

2. Is contractors one of your classes of commercial business?

☐ Yes ☐ No

If yes:

- a. What is the number of contractor-related accounts written by your agency? _____
- b. Provide the name(s) of the agency members and their years of experience for those in your office handling contractors' business:

<u>Names</u>	<u>Years of Experience</u>	<u>Names</u>	<u>Years of Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- c. Do you obtain sign offs from contractors when the coverage obtained has restrictive or no contractual indemnity coverage or other provisions that limit or eliminate coverage for bodily injury to any workers on the job site (for example: Exclusions for injury to employees, subcontractors, and employees of subcontractors)? ☐ Yes ☐ No
- d. Do you alert contractors in writing of the necessity of obtaining signed contracts with subcontractors containing hold harmless agreements prior to work being performed? ☐ Yes ☐ No
- e. If you receive subcontractor certificates of insurance, do you review to determine whether subcontractors have restrictive or no contractual indemnity coverage, no workers' compensation coverage, or workers' compensation coverage that excludes owners? ☐ Yes ☐ No

3. Have you, are you or do you anticipate being agent of record for, place business for or have any involvement in an Owner-Controlled Insurance program (OCIP) or Contractor Controlled Insurance Program (CCIP) or any similar arrangement (may also be referred to as a "wrap-up")? ☐ Yes ☐ No
- If yes, provide details as to your involvement, your experience with these types of insurance programs, the nature and location of the project, and the type and amount of insurance handled by your agency.
-

4. Do you have any special programs or classes of business that you target? ☐ Yes ☐ No
- If yes, please list.
-

Part 2 – Procedures

The person responding to the following questions confirms that these are the recognized agency practices and procedures for all employees and producers and that new employees are trained accordingly.

5. Please provide details of how and when you confirm policy changes to your client after they were requested.
-
-
-
6. Describe procedures (including internal documentation requirements) that are in place to ensure that coverage is bound with the insurance company after your client requests binding.
-
-
-
7. Is a written disclaimer used during or after the quote presentation to avoid the assumption on your clients' part that coverage is bound simply because a quote was presented? ☐ Yes ☐ No
8. a. Is there a procedure in place to advise clients that their policy is cancelled for non-payment of premium on direct bill policies? ☐ Yes ☐ No
- If yes, explain this procedure.
-
-
-
- b. Is there a procedure in place for notifying clients of policy cancellation or non-renewal for other than non-payment of premium? ☐ Yes ☐ No
- If not, why not?
-
- If yes, explain procedure.
-
-
9. How do you verify that all additional insureds are added/identified as requested?
-
-
-
10. For certificates of insurance, do you:
- a. Verify coverage is in force before preparing a certificate? ☐ Yes ☐ No
- b. Check to make sure additional insureds are also on the policy if they are requested to be identified on the certificate? ☐ Yes ☐ No
- c. Verify that limits, deductibles, and all coverage match the coverage in force before releasing the certificate? ☐ Yes ☐ No

d. Review the certificate by anyone other than the person who prepared it, in all cases, prior to release?

☐ Yes ☐ No

11. When accepting business by broker of record (BOR), do you perform an assessment of the clients' needs and exposures?

☐ Yes ☐ No

If yes, when:

☐ Prior to BOR

☐ At the next renewal regardless of time

☐ Immediately after BOR

If not, why not?

12. When a client reports a loss or potential loss to you (Check all that apply):

☐ Immediately report the loss or potential loss to all applicable carriers, both primary and excess, without exception.

☐ Comply with the reporting provisions both within the applicable policy(ies) and pursuant to the terms of any agency agreement with the carrier.

☐ Copy the customer on the loss report and provides the customer with the carrier contact information in writing.

☐ Tell the customer that only the insurance company can determine whether there is coverage for the loss based upon the specific facts and the terms, conditions and exclusions in the policy.

13. How do you verify out of state exposures and ensure that all out of state exposures are properly covered? If they are not covered, how is that communicated to the client?

14. How do you go about understanding and obtaining coverage for risk types that you are not familiar with or are outside of your area of experience/expertise?

Fraud Warnings:

Applicable in AL, AR, LA, MD, NM, RI and WV: 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

All Other States Not Including 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.

Applicant's Signature: _____

Print Name: _____ Title: _____ Date: _____

Required in Iowa: Producer's Signature: _____ License Number: _____

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.



Utica National Insurance Group

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413