

BROKERED BUSINESS/SURPLUS LINES APPLICATION

(Placed through others not direct to carrier)

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: _____

1. Please list the names of the agency, general agent, MGA, wholesaler, or other intermediary and the carriers used to place your business. How many years have you worked with each? Attach a separate list, if necessary.

Agency, General Agent, MGA, Wholesaler, or Other Intermediary	Carrier	Years

2. Do you have written brokerage agreements with the listed agency, general agent, MGA, wholesaler or other intermediary? ☐ Yes ☐ No

If no, explain why: _____

3. Please list your 5 largest accounts placed through an agency, general agent, MGA, wholesaler, or other intermediary.

Name	Lines of Business Written	Premium
		\$
		\$
		\$
		\$
		\$

4. a. Do you have a special department or specific individuals handling surplus lines/brokered placements? ☐ Yes ☐ No

b. Do they have at least 3 years' experience? ☐ Yes ☐ No

5. Does the agency have written procedures for handling surplus lines/brokered placements? ☐ Yes ☐ No

6. Do you check the AM Best/Demotech ratings of the surplus lines carrier prior to placement? ☐ Yes ☐ No

If yes, state the minimum rating required: _____

If no, please explain why not: _____

7. a. Does your agency advise the client, in writing, that the coverage is placed in the surplus lines market and that the insurer is not licensed in the state and not covered by the state guaranty fund? ☐ Yes ☐ No
- b. Do you obtain a signature from your client confirming their understanding of the placement? ☐ Yes ☐ No
- c. How soon is coverage confirmed as bound from the time the client requests coverage? _____
- d. Are clients aware that you do not have binding authority and that coverage is not bound until you receive confirmation from the agency, general agent, MGA, or wholesaler? ☐ Yes ☐ No
8. Do you review coverage after issuance to confirm coverage has been placed as requested? ☐ Yes ☐ No
9. Does the agency have a checklist to document full and complete compliance with all applicable statutes regarding the placement of surplus lines, including a due diligence form? ☐ Yes ☐ No
10. a. Since a surplus lines carrier is not required to send a conditional renewal notices, do you review the proposal for changes in coverage, terms, and conditions from the expiring policy? ☐ Yes ☐ No
- b. Are the changes communicated in writing? ☐ Yes ☐ No
- c. Are the changes communicated prior to binding? ☐ Yes ☐ No
11. Do you provide the agency client with a disclosure advising that their policy will include policy fees and minimum premium earned associated with surplus lines markets? ☐ Yes ☐ No
12. Explain the process and documentation obtained to confirm coverage is bound: _____
- _____
- _____

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