

AXIS[®] PRO

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AXIS[®] PRO MPL SOLUTIONS RENEWAL APPLICATION

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

CLAIMS MADE POLICY –

This application is for a CLAIMS MADE POLICY. Claims made coverage applies only to those claims that are first made during the policy period, and reported during the policy period or any extended reporting period and result from wrongful acts committed after the Retroactive Date stated in the policy, if issued.

DEFINITIONS –

The words “the **Company**”, whenever used in this application, refer to the Insurance Company offering the claims made policy.

The word **Applicant** in this application refers individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

RETENTION –

The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT –

The policy form for which the **Applicant** is applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expense paid by the **Company**.

APPLICATION FORMS PART OF POLICY –

The submission of this application does not obligate the **Applicant** to buy insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the **Company's** decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:

The purpose of this application is not only to provide the **Company** with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the **Company** have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide:
 - A. A recent brochure or similar material describing activities or services.
 - B. The **Applicant's** most recent financial statement or annual report.
 - C. Copies of standard contracts the **Applicant** enters into with clients.
 - D. Any other forms or materials which will provide the Underwriter with information about the activities or services the **Applicant** performs.

APPLICANT(S):

1. Name of entity completing this application:

Street Address:

City, State, Zip Code:

Telephone Number:

Website Address(es):

2. Is coverage desired for any subsidiary(ies), affiliate(s), or other related entity(ies) not already named on the policy? Yes No

If yes, provide the following information for each: name, city, state, date established, description of operations and relationship to the **Applicant** including percentage of ownership, if applicable.

3. Has the **Applicant** changed its name or acquired, merged or consolidated with any entity that the **Applicant** has not reported to the **Company**? If so, provide the following information if coverage is to be extended.

<u>Name of Entity</u>	<u>Date of Transaction</u>	<u>Type of Transaction</u> (Acquisition, merger or consolidation)	<u>Liabilities Assumed</u>
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OPERATIONS:

4. Have there been any changes in the **Applicant's** name, management/technical personnel, operations, standard contracts or subsidiaries and affiliations during the past year, which have not been reported to the **Company**? Are any anticipated in the coming year? Yes No

If yes, please provide details regarding the changes:

5. Has the **Applicant** added any certified or licensed professionals to its staff who provide services to the **Applicant's** clients (i.e. architect, engineer, attorney, CPA, medical practitioner, actuary, insurance agent or broker, etc.)? Yes No

If yes, describe what services they provide.

6. Provide the following information regarding the **Applicant's** income:

A. DOMESTIC OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$
Cost of Products/Goods	\$	\$	\$
Gross billings, sales, fees, commissions (circle the applicable basis)	\$	\$	\$

B. FOREIGN OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$
Cost of Products/Goods	\$	\$	\$
Gross billings, sales, fees, commissions (circle the applicable basis)	\$	\$	\$

GENERAL LIABILITY:

7. Provide the following information for General Liability Coverage currently in force:

COMPANY	LIMIT	DEDUCTIBLE	POLICY TERM
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Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

CHANGES IN TERMS AND CONDITIONS:

5. Does the **Applicant** propose any changes in the provisions of the policy for the **Company's** consideration? Yes No

If yes, please provide details of proposed changes:

6. Limit of Liability desired: \$

Retention: \$

REPRESENTATIONS:

By signing this application, the Applicant agrees that:

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ARKANSAS 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 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 KENTUCKY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 NEW JERSEY APPLICANTS:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO 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 NEW YORK 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 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.

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 OKLAHOMA APPLICANTS:

WARNING: 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 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 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 FINES AND CONFINEMENT IN PRISON.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

NOTICE TO 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.