



# BROKER APPLICATION

This form is to be completed by all brokers wishing to conduct business with Hiscox Inc.

## 1. COMPANY DETAILS

Name / DBA:

Date business established:

Business address:

Address to which invoices and statements should be sent if different:

Telephone no.:  (    )    Facsimile:  (    )

Telephone no.:  (    )    Facsimile:  (    )

Director of officer responsible for this application:  Email:

Accounts contact name:  Email:

Licensing contact name:  Email:

## 2. DIRECTORS AND OFFICERS

Name:	Age:	No. of years experience:	Where experience obtained:

Do any of the above hold directorships with any other companies? YES  NO

If YES, please give full details:\*



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## 3. ASSOCIATED COMPANIES

a. Are you or any fellow director or officer associated with any other firm of insurance brokers / agents or companies connected to the insurance industry?

YES  NO

If YES, please give Name(s) and Address(es):\*

b. Is the company controlled by any other company?

YES  NO

If YES, please details of relationships or other material information:\*

c. Have you or any fellow director or officer traded under any other title?

YES  NO

If YES, please give full details:\*

## 4. FINANCIAL DETAILS

Bank Name:

Bank Address:

Do all checks and other bank instruments require two signatories?

YES  NO

Is client and insurer money kept in a separate bank account?

YES  NO

## 5. LICENSING

Please provide details of all states in which you hold a valid broker license: \*

State:	License type: (producer broker / surplus lines)

Has the company ever had a license suspended, revoked or been refused a license?

YES  NO

If YES, please give full details:\*



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## 6. PROFESSIONAL LIABILITY INSURANCE

Does the company purchase Professional Liability insurance?

YES  NO

If YES, what is the limit of indemnity?

\$

Name of insurer:

## 7. AGENCIES

Has any syndicate / Insurance Company / MGA ever cancelled or refused you an agency?

YES  NO

If YES, please give full details:\*

## 8. PREMIUM INCOME

Please state your estimated overall premium income:

\$

## 9. ADDITIONAL INFORMATION

Has any individual, firm or company or anyone likely to be concerned with this agreement at any time:

- a. been the subject of a receiving order (or similar local equivalent)? YES  NO
- b. entered into an arrangement with creditors? YES  NO
- c. been a director of a company which has been wound up or dissolved? YES  NO
- d. been the subject of a court judgement for an outstanding debt? YES  NO
- e. been convicted of a criminal offence (other than a Motoring offence)? YES  NO

If YES, please give full details:\*



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## 10. INFORMATION TECHNOLOGY

Do you use email? YES  NO

If YES, please provide email address:

Do you have access to the internet? YES  NO

Is this dial-up or permanent access?

Do you have your own website? YES  NO

If YES, please provide the address:

## DECLARATION

I/We believe all the above answers to be true and correct and understand that they will form the basis of the appointment, should it be granted. I/We understand that the appointment may be terminated immediately if any of the answers prove to be untrue, or if, during the course of the appointment, circumstances change so that they become untrue.

I/We undertake to inform Underwriters of such changes.

I/We authorise Underwriters to take up references from the Insurers, Banks, and other persons named in the application form as well as from its own enquiries.

By signing this application form, you agree that any data provided by you in this form or otherwise in connection with your application may be used by Underwriters and group companies in performing their obligations to you and providing you with ancillary services (together the "Purposes"). The Purposes include, but are not limited to: providing insurance estimates or quotation(s) and/or arranging insurance cover; handling claims and assisting in the claims authorisation process; accounting; for any purpose required by law; evaluating the Underwriters' business/market research; and for marketing other products and services to you (by post, telephone, fax, email or other available method), unless you indicate by ticking the relevant box(es) below or by subsequently notifying Underwriters that you do not wish to receive such material. Underwriters may need to give details to third parties (including but not limited to insurance carriers, third-party claims adjusters/loss adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities) in performing the Purposes and you consent to such use.

You also hereby consent to: the transfer of your personal information to a country or territory outside the United States of America (which may not provide the same protection for you) in the unlikely event of processing outside the United States of America; and the transfer of your personal information on any future sale by Underwriters of its business(es) or assets.

Signed:

Date:

Name:

Title:

### Please enclose the following information with this application:

- 1. Latest financial statements
- 2. Copy of all licenses (referred to in Q. 5)
- 3. Copy of Professional Liability policy (referred to in Q. 6)

Please tick here if you do not wish to receive information on other products / services from Quaker Special Risk or its group of companies   
Please tick here if you do not wish to receive information on other products / services from approved third parties



# TITLE ABSTRACTORS AND TITLE AGENTS

## SUPPLEMENTAL APPLICATION

Applicant:

1. Type of business:
- Abstractor                       Searcher                       Title Insurance Agent
- Escrow                       Closing Services                       Other

2. a. Average number of years of experience of:
- Professional Employees in field of Abstracting/Search
- Title Insurance Agent
- b. Number of Professional Employees with less than 3 years experience:

3. Please list where Title Abstracting or Searching is undertaken:

4. a. Are you a licensed Abstractor/Searcher?                      YES                       NO
- Are you a Title Insurance Agent?                      YES                       NO
- b. Does your state have legal qualifications?                      YES                       NO
- c. Do you provide U.C.C reports?                      YES                       NO
- Do you certify accuracy?                      YES                       NO
5. Does any Title Insurance Company have ownership interest in the applicant?                      YES                       NO
- If YES, explain and include percentage owned:

6. Do you compile data:
- a. From an independent set of abstract books and track indexes?                      YES                       NO
- b. From any other source?                      YES                       NO
- If YES, please attach a description.

7. Do you use computerized data processing to retrieve information?                      YES                       NO
- If YES, please describe in full:



**TITLE ABSTRACTORS AND TITLE AGENTS**

**Questions 8 & 9 for Title Insurance Agents only**

8. Does the applicant title insurance agent perform title searches or abstracts for any of the Title insurance policies the applicant issues? YES  NO

If YES, has the Title Insurance Company been informed of this? YES  NO

If an outside source performs searches, complete the following:

a. Name

b. Years in abstracting or searching field

c. Name of errors and omissions carrier?

9. Please provide a listing of Title Insurance Companies you represent:

10. Has any employee of the applicant ever been reprimanded, censured or prosecuted for title agency activities? YES  NO

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

**A copy of this application should be retained for your records.**