



United States Liability Insurance Group
Insurance Agents and Brokers Professional Liability

RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- 1. Name and Address of Agency
2. Since last renewal have there been any changes in the following? Please provide details on a separate sheet for any "YES" answers.
3. Since last renewal has any insured had their license revoked, suspended, been fined or disciplined in any way or been the subject of any investigation by any state department?
4. a. What is your total premium volume?
b. List your cargo/trucking premium volume
c. If the total listed in 4a exceeds \$700,000 please complete the breakdown at the bottom of the page.

Breakdown of Premium Volume of Business by Line of Coverage:
To be completed if annual premium volume exceeds \$700,000.

PERSONAL LINES:

Table with columns for Personal Lines (Automobile, Homeowners) and Volume, and a section for List other Personal Lines by Line.

COMMERCIAL LINES:

Table with columns for Commercial Lines (Workers Compensation, Long Haul Trucking, etc.) and Volume, and a section for TOTAL ALL LINES.

Fraud Statement: Any person who knowingly and with the 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 such violation.

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of Applicant or Insured:
Date:
Must be signed by a Principal, Partner or Officer of the Firm