



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):*

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- b. Is the company controlled by any other company?

YES ☐ NO ☐

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

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

YES ☐ NO ☐

If YES, please give full details:*

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4. FINANCIAL DETAILS

Bank Name:

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Bank Address:

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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)?
- b. entered into an arrangement with creditors?
- c. been a director of a company which has been wound up or dissolved?
- d. been the subject of a court judgement for an outstanding debt?
- e. been convicted of a criminal offence (other than a Motoring offence)?

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

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

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.