**E&O Insurance Applicant's Name:**

1. Years of Bond Product Experience:
2. Does the agency have binding authority for any bond products?

❑ Yes ❑ No

**If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Provide the following information for the top 3 carriers used for Bond Products:

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier | Bond Type | Directly Contractedwith the Carrier | Years Represented |
|  |  | ❑Yes ❑No |  |
|  |  | ❑Yes ❑No |  |
|  |  | ❑Yes ❑No |  |
|  |  | ❑Yes❑No  |  |
|  |  | Directly Contracted |  |

4. Does the agency have power of attorney for any Bond Products? ❑ Yes ❑ No

**If Yes, explain:**

1. Has any of your staff attended a training/education class or seminar in the past two years? ❑ Yes ❑ No

REPRESENTATIONS:

On behalf of our company, I agree that this application, including all attachments, exhibits, supplemental applications or addendums is complete and correct to the best of my knowledge and belief. I understand that this application and it's addendums form the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company Agent or Broker to provide insurance. This application attaches to and becomes a part of the contract of insurance, if such contract is issued.

FRAUD WARNING

(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 and subjects that person to criminal and civil penalties].

**MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE**

*Name: Title:*

(Print Name) (Print Title)

Signature: Date:

(Owner, Partner or Senior Officer) (Month/Day/Year)