

Application for: WORKPLACE MARKETING PROFESSIONAL LIABILITY COVERAGE



Please mail or fax this completed application to:
Rockwood Programs, Inc.
 4001 Miller Road, Wilmington, DE 19802-1999
 Tel: 877/242-2487 Fax: 302/762-4200
 www.rockwoodinsurance.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

THE RATE SHOWN BELOW IS FOR APPLICANTS GENERATING GROSS REVENUES OF \$125,000 OR LESS ANNUALLY AND POSSESSING THE FOLLOWING RISK CHARACTERISTICS: CODE: SUE0849

- Functions exclusively as a Workplace Marketer/Enroller • Is **not** involved with products that require Series 6 or 7 licenses
 - No E&O claims over the past 3 years • Does not sell or service P&C products • Is not domiciled in NJ, NY or KY
- Please note: coverage is written on a non-admitted basis. Agents or agencies not fitting these risk parameters should contact Rockwood Programs for additional information.

The Premium shown below is for a 12 MONTH TERM and assumes a \$2,500 deductible. Other liability and deductible options are available.

SELECT	LIMITS OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY FEE (Required)	TOTAL DUE (Premium+Fee)
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$2,500	\$500.00	+\$100.00	\$600.00

GENERAL INFORMATION

- Name of Applicant _____ DBA _____
- Street Address _____ City _____ State ____ Zip _____
- Phone (____) _____ Fax (____) _____ Web-Site _____
- Primary Contact Name _____ E-Mail _____
- Date first licensed ____/____/____ Requested effective date ____/____/____
- Does the Applicant function exclusively as a Workplace Marketer/Enroller and derive all their commission from this activity? Yes No

OPERATIONS

- Life/A&H Companies represented (attach additional sheets if needed): _____
- Please show expected revenue overrides or total commissions from all production sources over the next twelve months:
 - Personal Production \$ _____
 - Employee Sub-Producers \$ _____
 - Independent Sub-Producers \$ _____
 - TOTAL, All Sources \$ _____**
- Please indicate percent of the applicants revenue derived from each line of business written below: **The total of all lines should equal 100%.**

_____ % Life-Individual _____ % Stocks _____ % Variable Annuities _____ % Life-Group _____ % Mutual Funds
 _____ % A&H-Individual _____ % Bonds _____ % Fixed Annuities _____ % A&H-Group _____ % RIA/Financial Planning
 _____ % Property/Casualty Products _____ % All Other (Describe on a separate sheet)

* _____ % Pension/Employee Benefit Planning * _____ % Insurance Consulting **Please provide a brief description on a separate sheet.**

- Does the Applicant place coverage or have any involvement with Self Insured/Captives, Risk Retention Groups (RRGs), Risk Purchasing Groups (RPGs), Multiple Employer Trusts (METs), or Multiple Employer Welfare Arrangements (MEWA)? Yes No *If "Yes", provide details on a separate sheet.*
- Does the Applicant place coverage or have any involvement with on behalf of its predecessors in business, within the last five years? Yes No *If "Yes" provide details on separate sheet.*
- Have any professional liability claims been made against the Applicant or any of its past or present owners, officers, partners, employers, or solicitors, or to the knowledge of the Applicant Yes No *If "Yes", provide details on a separate sheet.*
- Is the Applicant for this insurance aware of any fact, circumstance, or situation involving any Prospective Named Insureds that he or she has reason to believe may result in a claim? Yes No *If "Yes" provide details on separate sheet.*
- Do you currently have E&O Coverage in force? Yes No *If "Yes", attach copy of most recent declarations page.*

Payment Option Check for Total Amount Due, payable to: **Rockwood Programs, Inc.**

Date _____ Applicant's Authorized Signature _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.