

**SUPPLEMENT MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
PREMIUM FINANCE COMPANY
(Claims Made Basis)**

Name of Applicant: _____

1. In which states in the Applicant licensed? _____

2. Is the Applicant conducting business in any states in which it is not licensed? Yes No.

If Yes, set forth those states in which the Applicant is not licensed.

3. Indicate the approximate percentage of insurance premiums financed as respects your total operations:

Casualty	_____	%
Property	_____	%
Aviation	_____	%
Marine	_____	%
Personal lines	_____	%
Commercial lines	_____	%
Other (describe) _____	_____	%
_____	_____	%
_____	_____	%
Total:	100	%

4. Please provide a narrative description of your standard application procedures.

5. Do you give authority to agents or brokers? Yes No.

If Yes, please submit a description of authorized activities and a sample contract with the agent or broker.

5. To complete Application, please submit the following:

- a) Sample premium finance agreement utilized with the insured;
- b) Sample agreement executed with agent/brokers.

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability Insurance, and is utilized to develop pertinent information unique to premium finance operations.

Date

Authorized Representative

Title