

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION PREMIUM FINANCE COMPANY SUPPLEMENT

1. Name of **Your** firm: _____

2. Estimate gross premiums financed for coming year \$_____.

3. Indicate percentages of **Your** total operations:

(a) Casualty	_____ %	(b) Commercial Lines	_____ %
Property	_____ %	Personal Lines	_____ %
Aviation	_____ %		100%
Marine	_____ %		
Other	_____ %		
	100%		

4. Please provide an outline of **Your** standard procedures for cancellation and reinstatement.

5. Do **You** give authority to agents or brokers? ____ Yes ____ No. If yes, please submit a description of authorized activities and a sample contract.

6. Do you ever finance premiums for any affiliated entities? ____ Yes ____ No.
If yes, describe arrangement. _____

7. To complete **Your** application, please submit the following:

- (a) Sample premium finance agreement.
- (b) Sample Notice of Cancellation and Reinstatement Request Forms.

THIS PREMIUM FINANCE COMPANY SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.