

PROFESSIONAL LIABILITY INSURANCE PLAN FOR CLAIMS-MADE COVERAGE

Freelance Reporting Firms Application Form

NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

APPLICANT INFORMATION (Applicant Must Complete)

NAME OF FIRM NAME OF OWNER

MAILING ADDRESS CITY STATE ZIP

BUSINESS PHONE FAX # HOME PHONE#

E-MAIL ADDRESS NCRA MEMBERSHIP #

Retroactive date on current policy (if not a renewal) ___/___/___.

If a renewal policy, what is the earliest date of continuous coverage without lapse: ___/___/___.

1. What is the total gross revenue (from all sources) of your firm? _____

2. Indicate the number of Independent Contractors (not including yourself or your employees) you wish covered on your policy

3. During the past 5 years have any claims been made, or is any claim now pending, against you, any employee, or any independent contractor for whom coverage is sought? Yes No

If Yes, please attach a separate sheet providing details.

4. Have you or any officer, partner, employee or Independent Contractor affiliated with you been made aware of any situation which may give rise to a claim being made against them? Yes No

If "YES", give details (attach a separate sheet if necessary).

5. Does your firm supply official court reporting services? Yes No

With respect to Questions 3 and 4, it is agreed that if such knowledge of any claim, fact or circumstance exists, any claim or action subsequently arising there from shall be excluded from coverage should this proposed Application lead to an insurance policy being issued.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

INSURANCE FRAUD WARNINGS

IN ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division Division of insurance Insurance within the department Department of regulatory Regulatory agencies Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act an act of fraud.

KENTUCKY: 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

YOU MUST SIGN AND DATE THIS APPLICATION

Declaration and Signature

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

Signature of Authorized Partner / Office/Owner Title Title Date ____/____/____

Name of individual signing this application (printed)

Producer's Signature Producer's License Number Date ____/____/____

Producer's Name

**Freelance Reporting Firms ... SEND NO MONEY ... You will receive a "no-obligation" premium quotation.
Please Note: This Application is for Claims-Made coverage.**

- Please check here if you are interested in obtaining additional information about other lines of coverage that may be available to you (i.e. Business Owners Package, Workers' Compensation, etc).

PLEASE NOTE: This Application is for Claims-Made Coverage



Administrator:

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Underwritten by:

Liberty Insurance Underwriters, Inc.

Association Member Benefits Advisors, LLC (AMBA).
CA Insurance License #0196562 |
AR Insurance License #100114462

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AMBA Insurance Compensation & Disclosure

In this transaction, AMBA is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. AMBA is only offering this selected carrier quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4913435 or call us at 1-888-206-5088 for specific details.