

## *Application Eligibility – ProSurance Group Inc.*

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### *Investment Advisors, Financial Planners, Life Agents, Registered Representatives*

Qualifications:

**Applicant** refers, individually and collectively, to the individual(s) / entity(ies) named, the **Applicant's** officers, directors, partners, employees and any affiliated business organizations for which insurance coverage is sought under this **Application**.

**Application** refers, individually and collectively, to this Application for Insurance and any Supplement attached. Each question or information request on this **Application** and any attached Supplement must be fully and accurately answered on behalf of **Applicant**; all blanks must be appropriately filled in, and all additional required information supplied. You may not provide all of the services covered by this **Application**. Your answer to some questions may be "none" or "not applicable"; if that is the case, state "none" or "NA". Use the Supplemental Information Form ("S.I.F.") where additional space is required to provide requested information, or explanations and any additional information which is material to this **Application**. An incomplete **Application** cannot be considered.