

## *Application Information – 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.

Information:

The policy for which **Applicant** is applying covers only written professional liability claims first made against an insured and reported to the Company during the policy period while insured is covered under the policy, and which arise from the performance of professional services after the insured's applicable retroactive date shown in the Declarations or an amendment to the policy. If **Applicant** has any questions concerning this coverage, please contact a **ProSurance Group** insurance professional.