



EXCESS CRIME APPLICATION

1. Applicant Name: _____
 Mailing address: _____
 Applicant is: Individual _____ Partnership _____ Joint Venture _____ Corporation _____
 Web site address _____
2. Excess Crime limits requested \$ _____ Per Loss; \$ _____ Aggregate
3. Total Number of Employees _____
4. Number of Locations United States _____ Canada _____ Foreign _____
5. Losses (list – use additional paper if needed or state “None”): _____

6. List Primary and additional Underlying policies (use additional paper if needed):

Primary Policy		
Insurer	Policy No.	Limits of Liability
		\$ Per Loss
		\$ Aggregate

Underlying Policy(ies)		
Insurer	Policy No.	Limits of Liability
		\$ Per Loss
		\$ Aggregate
		\$ Per Loss
		\$ Aggregate

****ATTACH A COPY OF THE PRIMARY AND UNDERLYING POLICIES AND THE INITIAL APPLICATION FOR COVERAGE****

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER'S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT'S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT'S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT'S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT'S PERSONAL INFORMATION IN THE INSURER'S FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT'S RIGHTS AND THE INSURER'S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT'S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Signing this Application does not bind ProSurance Group, Inc. to provide or the Applicant to purchase the insurance. This Application represents that the information furnished in this Application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this Application or otherwise, shall be grounds for the rescission of any Bond or Policy issued in reliance upon such information.

Must be signed by director, executive officer, partner or equivalent

Dated at _____ this _____ day of _____, 20__

Applicant

(Print Applicant Name)

By:

(Name and Title of Person Signing)

ProSurance Group
2685 Marine Way, Suite 1408
Mountain View, CA 94043

crime@prosurancegroup.com