

I hereby request that my application for insurance coverage under the provisions of the Professional Protector Plan® be submitted for consideration to the CNA Insurance Companies. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to the CNA Insurance Companies any and all information requested which may relate to my insurability under the Professional Protector Plan.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection.

I hereby authorize CNA to release the information on this application and associated underwriting information.

If you purchase a "Claims-Made" policy, the coverage will only respond to claims which are reported during the term of this policy. The "Claims-Made" coverage will not provide insurance coverage for claims which occurred prior to the "Prior Acts Date" of the policy.

If the "Claims-Made" policy with this insurance carrier is cancelled or non-renewed, or you decide to terminate it for any other reasons, and you desire to provide insurance protection for any claims which may have occurred during the term of the "Claims-Made" policy, but were not reported to the insurance company before the date of the policy termination, you will be able to purchase additional insurance coverage.

If you purchase an "Occurrence" policy, the coverage will only respond to claims which occur after the "Prior Acts Date" of this policy and before the end of the policy period, regardless of when the claims are reported.

If you have any questions, concerning the coverage for which you are applying, please contact your agent.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

I UNDERSTAND THAT THIS IS AN APPLICATION FOR INSURANCE, NOT AN INSURANCE BINDER.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE APPLICATION AND THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. I UNDERSTAND THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE IN RELIANCE UPON THESE REPRESENTATIONS; AND, (2) ANY POLICY OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

I AGREE THAT A COPY OF MY SIGNATURE MAY BE RELIED UPON AS IF IT WERE THE ORIGINAL.

Signature in full: _____ Date: _____

RETURN TO:		
State Administrator Name:		

Address:		

City:	State:	Zip Code:

Phone #: _____		
Agent's License Number: _____		

The Professional Protector Plan is a registered trademark of Brown & Brown, Inc., Tampa and Daytona Beach, Florida. CNA is a service mark and trade name registered with the US Patent and Trademark Office. The program referenced herein is underwritten by one or more of the CNA companies. ©2004.