ADDITIONAL INSURED APPLICATION

PLEASE ANSWER ALL QUESTIONS AND RETURN TO ROCKWOOD PROGRAMS, INC.
BY FAX OR BY MAIL.
FAX (302) 762-4200
3001 Philadelphia Pike, Claymont, DE 19703

1. PLEASE LIST ADDITIONAL INSURED (S) AS THEY SHOULD APPEAR ON THE CERTIFICATE.
_____
_____

2. HOW IS THE PRODUCER EMPLOYED?
1099___ W2____

3. WILL THE ADDITIONAL NAMED INSURED PLACE BUSINESS OUTSIDE OF THE FIRM?
YES ___ NO____

IF YES THEN WITH WHOM? _____

4. WHAT PRODUCTS WILL THE ADDITIONAL INSURED BE SELLING?
_____
_____

5. WHAT LICENSES DOES THE ADDITIONAL INSURED CURRENTLY HOLD (PLEASE PROVIDE COPY OF LICENSE)?
_____
_____

6. DATE P&C LICENSED: ____/_____/_____ DATE L&H LICENSED: _____/_____/_____

7. PLEASE SHOW 12 MONTH FORECASTED REVENUES (I.E. COMMISSIONS) GENERATED BY THE ADDITIONAL INSURED. $_____

8. WERE THE COMMISSIONS REPORTED ABOVE INCLUDED ON THE ORIGINALLY SUBMITTED E&O APPLICATION? YES_____ NO_____

9. DOES THE ADDITIONAL INSURED KNOW OF ANY CLAIMS OR POTENTIAL CLAIMS IN THE LAST FIVE YEARS? (IF SO SUPPLY ANY PERTINENT INFORMATION)
YES _____ NO _____

10. DOES THE ADDITIONAL INSURED APPLICANT CURRENTLY HAVE E&O COVERAGE? (IF YES, PLEASE PROVIDE A COPY OF CURRENT COVERAGE) YES_____ NO_____

I UNDERSTAND THAT THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME NOTIFICATION, WARRANTIES & CONDITIONS.

SIGNED: _____(OWNER OR PRINCIPAL)

NAME OF CERTIFICATE HOLDER: _____

CERTIFICATE NUMBER: _____ DATE: _____