



# Insurance Agents and Brokers Errors and Omissions Insurance

Utica National Insurance Group ▪ New Hartford, New York 13413 ▪ USA ▪ [www.uticanational.com](http://www.uticanational.com) ▪ 1-800-274-1914

## Utica Crop Application

Agency/named insured: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Types of Policies:

- 1. Crop Hail \$\_\_\_\_\_ Total Written Premium (WP)
- 2. Multi Peril Crop (base premium + subsidy)
  - a. CAT Policies \$\_\_\_\_\_ WP
  - b. Combo Policies \$\_\_\_\_\_ WP
    - i. Yield Plan \_\_\_\_\_ % of book of business
    - ii. Revenue Plan \_\_\_\_\_ % of book of business
- If the client adds the Harvest Price Exclusion do you have them sign off?  Yes  No
- c. Area Yield Protection (AYP) \$\_\_\_\_\_ WP
- d. Area Revenue Protection (ARP) \$\_\_\_\_\_ WP
- e. Whole Farm Revenue Protection (WFRP) \$\_\_\_\_\_ WP
- f. Rainfall Index Plan \$\_\_\_\_\_ WP
- g. Nursery \$\_\_\_\_\_ WP
- 3. Supplemental Weather Revenue or Name Peril Crop Policies \$\_\_\_\_\_ WP

### Crops Insured:

CROP	PERCENTAGE

### Delivery:

- 1. Does your Agency use INDEPENDENT licensed sub producers?  Yes  No
  - a. If yes, is ALL crop business written through your agency?  Yes  No  
If no, please explain.
  - b. Are sub producers appointed by agency companies?  Yes  No  
If no, please explain.
  - c. Are all sub producers covered for E&O on the agency's E&O policy?  Yes  No  
If no, please explain.
  - d. Are any sub producers farmers or involved in production agriculture?  Yes  No  
If yes, please explain.
  - e. Does the agency have any producers or employees who meet or trigger the following?
    - i. Controlled business risk management agency definition?  Yes  No  
If yes, please explain.

ii. Conflict of interest RMA definition  Yes  No  
 If yes, please explain.

f. Has your agency completed an annual Conflict of Interest (COI), controlled business certifications statements, and anti-rebate statements?  Yes  No  
 If no, please explain.

2. Does your agency broker any crop insurance business?  Yes  No  
 If yes, please provide the following:

Total Written Premium that is brokered \$\_\_\_\_\_ Percent of Agency Business \_\_\_\_\_%

3. Does your agency market any crop business through a broker?  Yes  No

a. If yes,  
 Name of broker \_\_\_\_\_ \$\_\_\_\_\_ Premium Volume  
 Broker's E&O carrier \_\_\_\_\_ E&O cert on file?  Yes  No

4. Please list your agency staff members who handle crop insurance clients/accounts:

Name	Licensed (Y/N)		Experience (years)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Compliance:**

1. Has your agency had a compliance review by an insurance company?  Yes  No  
 If yes, give approximate date. \_\_\_\_\_  
 Please explain the results.

2. Has your agency had a USDA compliance review?  Yes  No  
 If yes, give the approximate date. \_\_\_\_\_  
 Please explain the results.

3. Has your agency had any penalties or claims filed under the Federal Crop Insurance Act, False Claims Act, Program Fraud Civil Remedies Act or other law that could be invoked by the government?  Yes  No  
 If yes, please provide the details.

**Documentation:**

1. Does your agency use a plan/coverage checklist?  Yes  No

2. a. Are the checklists signed by the insured?  Yes  No

b. Is the insured given a copy and is a copy saved in the agency files?  Yes  No

3. Does your agency maintain a system of written/electronic notification, reminding insureds of critical dates, to include:

	Y or N			Y or N	
Sales Closing Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acreage Reporting Dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Production Reporting Dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date to File Notice of Crop Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Due Dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy Cancellation Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Debt Termination Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Final Plant Dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Late Plant Dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	End of Insurance Period	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does your agency collect previous company data, maps and 578 forms?  Yes  No  
If no, please explain.
5. What is your agency's system for verification, proof reading and substantiation of client data?

**Verifications:**

1. Does your agency verify that policies are bound and follow up on those that are not?  Yes  No
2. If the policy is mailed to you to deliver to a client, do you document that it was mailed/delivered?  Yes  No
3. Do you verify schedule of insurance?  Yes  No
4. Do you follow up on any acreage or production reports that are outstanding to make sure they are submitted prior to deadlines?  Yes  No

**Automation Systems:**

1. Does your agency have an automation system encompassing all crop insurance business?  Yes  No  
If no, please explain.
2. Does your agency upload and download with respective Approved Insurance Providers (AIPs)?  Yes  No  
If no, please explain.

**FRAUD WARNINGS**

**FOR APPLICANTS IN THE FOLLOWING STATES:**

**COLORADO** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KANSAS** – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**KENTUCKY and PENNSYLVANIA** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to civil and criminal penalties.

**MARYLAND** – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OHIO** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON** – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act.

**PUERTO RICO** – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:**

Any person who knowingly presents a false claim or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison, and denial of insurance benefits.

**FOR APPLICANTS IN NEW YORK** – 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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime 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.

**This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.**

Applicant signature(s): \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Required in Iowa: Soliciting agent: \_\_\_\_\_ License number: \_\_\_\_\_

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this supplemental application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed attached to and part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.