



RISK MANAGERS, INC.

Program Managers

APPLICATION SHOULD BE SUBMITTED TO:

Producer: IT Risk Managers, Inc.
Attn: Auctioneer Program
Address: P.O. Box 504, Okemos, MI 48805
Telephone: 888-280-8710
Fax: 775-402-1164
E-mail: submission@itriskmanagers.com

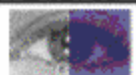
Proposed Effective Date: _____

Michigan Auctioneers Association Program

GENERAL AND PROFESSIONAL LIABILITY INSURANCE APPLICATION

1. Applicant's Legal & Trade Name: _____
2. Address: _____
Mailing Address (if different than above): _____
Additional Locations (if any): _____
3. Contact person for inspection/audit: _____
4. Telephone Number: _____ E-mail address: _____
5. Applicant is: Individual Corporation Partnership Other (Describe): _____
6. Website Address: _____
7. Association Membership with : _____ Date Membership Established: _____
8. How long have you owned this business? _____
9. How many years experience do you have in this field? _____
10. Are you involved in any other business operations? Yes No If yes, please describe: _____

11. Do you work as an independent contractor for other Auctioneers Yes No: If yes, with whom: _____ How much of your time _____%
12. What are your projected annual Gross Revenues: \$ _____
(Gross revenue is defined as gross commissions earned, all fee income, plus all 1099 income earned).



13. Nature and Percentage of Gross Revenues: (Please check all that apply. Should equal 100%)

- Estate Sales: _____
- Written Appraisals: _____
- Consignment: _____
- On-Line Auction sales or site: _____ web site address: _____
- Independent Contractor for other Auctioneers _____
- Real Estate Auction Sales: _____
- Other Sources of Revenue (please explain) _____

14. Do you have a contract that your customer signs? Yes No If yes, please attach.

15. Has your contact been reviewed by legal counsel? Yes No If yes, firm's name _____

16. If yes, do you assume liability, indemnify, or agree to hold such parties harmless? Yes No
If you conduct real estate sales, are you a licensed real estate agent in all states, where you do business? Yes No:

17. If you do real estate auctions, do you have a separate real estate E&O policy? Does not apply, Yes No: If yes, with whom _____ and what limits \$ _____ / \$ _____.

18. Do you have employees? Yes No If yes, number of employees: _____

19. Do you hire Independent Contractors? Yes No
If yes, number of Independent Contractors: _____ If yes, are they a business with insurance, or 1099'd individuals without insurance, or both? _____

If the Independent Contractor is a business that carries insurance, you must be listed as an Additional Insured on their policy, evidenced by a current Certificate of Insurance.

20. Are you ever required to name another party as an Additional Insured under your policy? Yes No
If yes, please describe: (eg. Landlord; lessor of building or other facility; lessor of equipment; etc.) _____

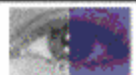
21. List any professional / occupational licenses held (by owners / employees): _____

22. List Any trade association memberships held (other than MSA): _____

23. Do you conduct any on line auctions? Yes No

24. Do you own or lease your own auction facility Yes No If yes, is it insured for Premises Liability? Yes No If yes, name of insurance company: _____

25. Has any carrier cancelled or refused to renewed Yes No if yes, please explain



Insurance Coverage Information

Current Policy Information: Please list all current Property and Causality Insurance coverage

If None , check here _____

Coverage	Policy Period	Limits	Premium	Deductible	Insurer
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Claim / Loss History If None , check here _____

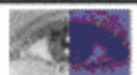
Attach five (5) years currently valued loss runs with application, (if available).

Date	Description	Paid Amount	Open Reserves	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against your business. If none, so state: _____

Prior Policy Information: If None , check here _____

Coverage	Policy Period	Limits	Premium	Deductible	Insurer
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



State Notices: The following notices are required by the Insurance Department of the indicated states.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY.

SIGNED BY:

Applicant

Date

Producer

Date

