

**Supplemental Bridge Application - Completion Instructions**

- Please sign and date clearly. Please DO NOT use pencil
- This Supplement must be signed by principal of the firm
- **FORWARD A COPY OF ALL LETTERHEADS USED BY THE FIRM**

**Applicant Firm:** \_\_\_\_\_

**By signing this Supplemental Bridge Application, the undersigned, on behalf of the Applicant firm and all persons proposed for coverage, represents and agrees to each of the following five (5) items:**

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm accountant is aware of any event, circumstance, situation, or transaction that could reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations to the Company.
2. This Supplemental Bridge Application, along with the Applicant firm's most recent accountants' professional liability application and any required additional supplemental applications submitted to and accepted by the Company shall constitute the Application.
3. Each of the statements and answers given in the Application, are:
  - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured; and
  - d. A material inducement to the Company to provide insurance and any policy by the Company is issued in specific reliance upon these representations.
4. The Application is hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the applications or supplemental applications comprising the Application are physically attached to a particular copy of the policy contract, and regardless of whether any of them are signed or dated.
5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in the Application that may occur or be discovered after the completion date of the Application, but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

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General Star National Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

The Accountants professional liability program has been organized as a purchasing group located and domiciled in Illinois, pursuant legislation enacted by congress known as the Federal Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. **This only applies in the states of IL, KY, TX, VA, DE, SC**

**FRAUD WARNING**

**DISTRICT OF COLUMBIA (DC) FRAUD WARNING**

**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.

**KANSAS FRAUD WARNING:**

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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**MAINE FRAUD WARNING:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**VERMONT FRAUD WARNING:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (all other states):**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.**

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of the Application. Completion of the application or tendering of premium does not bind coverage.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Must be signed by a principal of the firm

For Insurance Agent use only: Agent Code \_\_\_\_\_

Name of Agent \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Fax #( ) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_

Licensed Broker Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_

Licensed Agent Yes \_\_\_ No \_\_\_ License Exp. Date \_\_\_\_\_

Licensed surplus lines Broker Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_