

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

OUTSIDE INTEREST SUPPLEMENT

Attorney's Name	Name of Organization City/State	Nature of Clients Business	Profit or Non-Profit	Date of Affiliation	% of Firm Billings	% of Attorney Billings	% of Equity Interest	Position(s) Held	Legal Services Provided

- Does the firm always disclose in writing to the client, all actual or potential conflicts of interest which may result from the firm's attorney(s) acting as a Director, Officer, Employee, Fiduciary, or by having a financial interest in the client or entity other than the Applicant firm?..... Yes No
- Does the firm have guidelines prohibiting an attorney who serves as a Director or Officer of a client or has a financial interest in a client from providing legal services to the client?..... Yes No
- Are any claims pending against any attorney in their capacity as a Director or Officer?..... Yes No
- In the past three years, how many claims have been made against all Director(s) or Officer(s)? _____
- Is the attorney who acts as a Director or Officer protected by Director and Officer Insurance?..... Yes No
If yes, please attach a copy of the Declarations page and any endorsements affecting coverage.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name:
Agent/Broker License Number: _____

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.