



**AXIS Insurance Company New Business Application  
For Design Professional Liability Insurance**

**IMPORTANT NOTICE**

- This is an application for a policy, which if issued, will be on a claims made and reported basis and covers only claims first made and reported against you during the Policy Period or the Optional Tail Coverage (if purchased), or made against you during the Policy Period and reported to us during the Extended Reporting Period (if applicable).
- The Limit of Liability available to pay judgments or settlements shall be reduced and may be totally exhausted by amounts incurred as Claim Expense.
- Please read the policy carefully.

**INSTRUCTIONS**

Please answer all questions completely. If there is insufficient space to provide your answer, please include additional sheets as necessary.

Please submit the following additional information with this application:

1. List of 10 largest projects in the last two years, including those currently in progress, with a brief project description, services you are providing, and the total construction value of each project.
2. Resumes of key professional staff.
3. Copy of your standard contract forms for both clients and subcontractors.
4. Your company brochure; or, attach a brief description of your firm's operations.
5. Your most recent financial statement.
6. Five years of currently valued hard loss runs, available through your agent or broker from your Professional Liability insurance carrier.

1. Applicant Firm Name: \_\_\_\_\_ Date established: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Branch offices or other locations: \_\_\_\_\_

2. Key Insurance Contact and/or Risk Manager:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

3. Type of Firm:

Corporation    Partnership    Professional Corporation    Sole Proprietorship    LLC    LLP

Other \_\_\_\_\_

4. List of predecessor firms or pre-existing entities, including acquisitions, consolidations, or mergers with dates of operation/existence for each:

Entity Name	Dates of Operation/Existence

5. Number of Staff:	Architects	Engineers	Land Surveyors	Landscape Architects	All Other	TOTAL
Principals, Partners, Officers & Directors						
Licensed Staff						
Unlicensed Staff						
Employees leaving the firm in the last 12 months						

6. Please list the state(s) in which you perform professional services and the approximate percentage of your services provided in each one:

State	% of Services
	%
	%
	%

7. Services outside the United States: \_\_\_\_\_% Foreign billings

Please provide a brief list of foreign projects, including descriptions and locations:

---



---



---

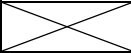
8. Please fill in the table below with your firm's financial information from your most recently closed past 12 months fiscal reporting period, an estimate of billings for the upcoming year, and the billings for the four years prior to the closed year. (Newly established firms should use estimates for the upcoming 12 months and the next year after that.)

	Past 12 Months Billings (Year: _____)	Construction Values
A. Reimbursibles	\$	Not Applicable
B. Fees paid to professional sub-consultants	\$	Not Applicable
C. Projects insured under Specific Project/Client Excess Endorsements	\$	\$
D. Projects insured under Separate Project Policies*	\$	\$
E. Permanently abandoned project billings	\$	Not Applicable
F. All other billings	\$	\$
<b>TOTAL GROSS BILLINGS (A through F above)</b>	\$	\$

<b>ESTIMATED BILLINGS FOR CURRENT/UPCOMING YEAR</b>	\$
---	----

<b>PRIOR PAST YEAR BILLINGS</b> (Year: _____)	\$
<b>SECOND PRIOR YEAR BILLINGS</b> (Year: _____)	\$
<b>THIRD PRIOR YEAR BILLINGS</b> (Year: _____)	\$
<b>FOURTH PRIOR YEAR BILLINGS</b> (Year: _____)	\$

9. Please fill in the table below with the approximate percentages of your Total Gross Billings in item 8. that were generated from the following types of clients: (Note: *This section must total 100%*)

Attorneys	%	Government Local	%	Owners (acting as their own builder)	%
Commercial	%	Institutional	%	Real Estate Developers	%
Contractors	%	Industrial	%	Other: (please specify below)	
Government Federal	%	Lending Institutions	%		%
Government State	%	Other Design Professionals	%		%

10. What percentage of your firm's business is from repeat clients? \_\_\_\_\_%

11. Does any one contract or client represent more than 25% of your annual work? Yes  No

If Yes please provide details: \_\_\_\_\_


12. Please fill in the table below with the approximate percentages of your TOTAL GROSS BILLINGS in item 8. that were generated from the following types of services: (Note: *This section must total 100%*)

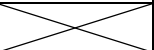
Service Type	% of Total Gross Billings
Studies, Reports, Planning or Permitting (no design or inspections)	%
Interior Design, Land Surveying and Landscape Architecture	%
Design only with no Construction Phase duties	%
Design with Construction Observation or review	%
Agency Construction Management	%
Project Management	%
Observation of Construction	%
Design/Builder (where you are legally responsible for both design and construction) or at-Risk CM	%
Inspections	%
Materials Testing	%
Site Development - Residential	%
Site Development - Non-residential	%
Other - please describe	%
Other - please describe	%

13. Please break out your projects by size in the chart below:

Construction Value	Percentage of Projects
Up to \$10,000,000	%
\$10,000,000 - \$25,000,000	%
\$25,000,000 - \$100,000,000	%
More than \$100,000,000	%
Total	%

14. Please fill in the table below with the approximate percentages of your billings in item 8. that were generated from the following types of services and projects: (Note: Each column in this section must total 100% )

Disciplines (Column must total 100%)	% of Net Billings
Acoustical Engineering	%
Architecture	%
Architect Planner	%
Chemical Engineering	%
Civil Engineering	%
Civil – Wastewater, Sewer	%
Construction Management	%
Electrical Engineering	%
Environmental Engineering	%
Environmental Science	%
Forensic Engineering	%
HVAC Engineering	%
Hydrological Engineering	%
Instrumentation & Controls	%
Interior Design	%
Land Surveying	%
Landscape Architecture	%
Lighting Engineer	%
Mechanical Engineering	%
Naval and Marine	%
Nuclear Engineering	%
Process Engineering	%
Project Management	%
Soils and Geotechnical	%
Structural Engineering	%
Telecommunications	%
Testing Labs	%
Traffic & Transportation	%
Other (detail below)	
	%
	%
	%

Projects (Column must total 100%)	% of Net Billings
Airports	%
Apartments	%
Arenas, Stadiums, Racetracks	%
Bridges (>1000 ft), Tunnels	%
Residential Condominiums or Town-homes	%
Convention Centers	%
Dams, Harbors, Piers, Ports	%
Hospitals, Healthcare	%
Hotels, Motels	%
Jails, Prisons, Other Detention	%
Manufacturing, Industrial	%
Mass Transit	%
Mines and Quarries	%
Municipal, Libraries, Religious	%
Office Buildings	%
Parking Structures	%
Petro and Chemical Process	%
Pools, Playgrounds, Recreational	%
Roads, Highways, Traffic	%
Residential, Subdivisions	%
Schools, Colleges, Education	%
Sewer Systems	%
Sewage Treatment Plants	%
Shopping Centers, Retail	%
Telecommunications	%
Warehouses	%
Industrial Wastewater Treatment	%
Potable Water Systems	%
Utilities, Power Plants	%
Other (detail below)	
	%
	%

15. Does your firm subcontract professional services? Yes  No

If Yes, please make sure to provide the total fees paid to professional subcontractors in item 8. above and provide the following additional information:

% of Services Subcontracted	Types of Professional Services Subcontracted
%	
%	
%	
%	
%	

16. Does your firm obtain insurance certificates of professional liability from your subcontracted professional consultants? Yes  No

If Yes, what limit of liability do you typically require: \_\_\_\_\_

If No, please explain: \_\_\_\_\_

17. Has the Applicant undergone any substantial changes in the percentages of item 13. during the past 2 years or anticipate any significant changes in the next 12 months? Yes  No

If "Yes" please provide additional details: \_\_\_\_\_

\_\_\_\_\_

18. In the past ten years has your firm, predecessor or any other insured provided any professional services related to Residential Condominiums and/or Townhomes? Yes  No

If Yes please complete the following:

Total Number of Condominium and Townhome Projects:	
Approximate Total Construction Value:	\$

19. Please fill in the table below with the approximate percentages of your Total Gross Billings in item 8. that were generated from the following types of activities: (Note: This section does not need to total 100%.)

Activities	%	Activities	%	Activities	%
Amusement Rides	%	High-rise (15+ Stories)	%	Product or Prototype Design	%
Asbestos Related Work	%	Home/Building/Code Inspections	%	Seismic Services	%
Continuing Service	%	Landfills	%	Software Development/Sales	%
Crane Related	%	Machine/Equipment Design	%	Sub-surface Exploration or Drilling	%
Destructive Testing	%	Oil/Mineral Evaluation/Studies	%	Structural Detailing/Connections	%
Fast Track or Turnkey	%	Nuclear or Atomic	%	Underground Utility Locating	%
Furniture Design	%	Pipelines	%	Underground Storage Tanks	%
Fracking Related Services	%	Pollution Detection or Remediation/Superfund	%	Wetland Delineation	%

20. Please check Yes or No to the following questions:	Yes	No
<b>A.</b> Is your firm, any subsidiary, or any principals, partners, directors or employees of your firm engaged in actual construction, fabrication or erection?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Is your firm, any subsidiary, or any principals, partners, directors or employees of your firm engaged in development, sale or lease of computer software to others?	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Is your firm, any subsidiary, or any principals, partners, directors or employees of your firm engaged in real estate development?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Is your firm, any subsidiary, or any principals, partners, directors or employees of your firm engaged in manufacturing, sale, leasing or distribution of any product?	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Is your firm controlled, owned or associated with any other firm, corporation, or company, or does your firm own or control any other entity?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> Does your firm render services on behalf of any entity in which any principal, partner, officer or director of your firm, or an immediate family member of such person is a principal, partner, officer, or director?	<input type="checkbox"/>	<input type="checkbox"/>
<b>G.</b> Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are rendered by your firm?	<input type="checkbox"/>	<input type="checkbox"/>
<b>H.</b> Does your firm seek coverage for the projects described in G. above?	<input type="checkbox"/>	<input type="checkbox"/>
<b>I.</b> Does your firm participate in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, does your firm obtain insurance certificates of professional liability from joint venture partners? If NO, please explain on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>

If Yes to any of the items above, please provide full details on a separate sheet, including as applicable: description of the project(s); services performed; construction value; fees received; ownership; identification of Principals, Partners, Officers, Directors or Shareholders involved; and/or list of joint ventures/jv partners/jv project details including allocation of responsibilities.

21. Please check Yes or No to the following questions, providing additional detail where requested:	Yes	No
<b>A.</b> Does your firm follow written in-house quality control procedures?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Are all staff members familiar with these procedures?	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Does your firm use an automated master specification system (ex. MASTERSPEC, SPEC System)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Does your firm use a Computer Assisted Drafting (CAD) program? If Yes, what percentage of design is done using the CAD program? _____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Does your firm use Building Information Modeling (BIM) systems? If Yes, what percentage of projects includes BIM? _____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> Does your firm provide services in support of LEED® certified projects? If Yes, please provide: Number of LEED projects in the last five years (including projects completed and currently in progress): _____ Number of LEED certified professionals on staff: _____ LEED levels your firm has experience with: Certified <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> LEED and the related logo is a trademark owned by the U.S. Green Building Council and is used with permission.	<input type="checkbox"/>	<input type="checkbox"/>

**21.** Please check Yes or No to the following questions, providing additional detail where requested:

	Yes	No
<b>G.</b> Does your firm have an in-house program of continuing education for professional employees?	<input type="checkbox"/>	<input type="checkbox"/>
<b>H.</b> How many professional employees of your firm have attended at least six hours of continuing education in the past 12 months? _____	X	X
<b>I.</b> Does your firm use written contracts on every project? If No, provide the percentage of the projects where oral agreements were used: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>J.</b> Does your firm seek a limitation of liability clause in contracts with clients? If Yes, what percentage of your contracts contain such a clause? _____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>K.</b> Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____%	X	X
<b>L.</b> If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by the firm's legal counsel for liability implications prior to signing?	<input type="checkbox"/>	<input type="checkbox"/>
<b>M.</b> Does your firm have procedures for monitoring or collecting outstanding fees?	<input type="checkbox"/>	<input type="checkbox"/>
<b>N.</b> Does your firm have a pre-screening methodology for potential clients?	<input type="checkbox"/>	<input type="checkbox"/>
<b>O.</b> Does your firm negotiate into its contracts a provision for alternative dispute resolution such as mediation? If Yes, what percentage of your contracts contain such a provision? _____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>P.</b> Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities? If Yes, please give full details: _____	<input type="checkbox"/>	<input type="checkbox"/>

**22.** Please provide the following information for your firm's Professional Liability Insurance history:

**A.** Retroactive date on current policy: \_\_\_\_\_

**B.** Does your current policy have specific project excess coverage for any projects? Yes  No

If Yes, please provide the following details:

Project Name/Description	Total Fees from Project	Project Start and Finish Dates	Total Required Project Limit

**C.** Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed?

Yes  No

If Yes please provide details on a separate sheet. (**Note:** *Not Applicable in Missouri.*)

**D.** Coverage requested:

Option Number	Limit of Liability	Deductible
1		
2		
3		

23. Please provide the following information for your firm's current General Liability Insurance Coverage:

Insurance Company	Limit of Liability	Deductible

24. Please detail your Design Professional Liability Insurance coverage five year history:

Insurance Company	Term	Limits	Deductible	Premium
				\$
				\$
				\$
				\$
				\$

25. A. **Please attach 5 years of carrier-issued loss runs.**

Has any claim been made or legal action been brought in the past 5 years (or made earlier and still pending) against your firm, its predecessors, or any past or current principal, partner, officer or director of your firm? (A claim is any demand received by you seeking money or services and alleging liability or responsibility on your part.)

Yes  No

If Yes and No loss runs are attached, please supply the following information on a separate sheet:

1. Date of Claim
2. Allegations
3. Claimant or plaintiff
4. Demand of amount of Claim
5. If closed, total paid indemnity and defense costs
6. If open, Insurance Company Reserve
7. If open, Defense attorney's or insurance company's evaluation of Claim
8. Deductible applied to Claim

B. Does your firm (after proper inquiry of every principal, partner, officer or director or other prospective insured party) have knowledge of any:

1. Circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your firm, its predecessors in business, or any of the present or past principals, partners, officers or directors? Yes  No

If Yes please provide details on a separate sheet.

2. Deficiencies or alleged deficiencies in work where your firm, predecessor or any other Insured performed professional services or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? Yes  No

If Yes provide details on a separate sheet.

3. Injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? Yes  No

If Yes provide details on a separate sheet.



**FRAUD WARNING**

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**FRAUD STATEMENTS**

Applicable in Alabama

**Alabama Fraud Statement**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.”

Applicable in Arkansas, Louisiana, Rhode Island, and West Virginia

**Arkansas, Louisiana, Rhode Island, and West Virginia Fraud Statement**

“Any person who knowingly presents a false 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.”

Applicable in Colorado

**Colorado Fraud Statement**

“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.”

Applicable in District of Columbia

**District of Columbia Fraud Statement**

“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.”

Applicable in Florida

**Florida Fraud Statement**

“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.”

Applicable in Kansas

**Kansas Fraud Statement**

“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, 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 for

personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.”

Applicable in Kentucky

#### **Kentucky Fraud Statement**

“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.”

Applicable in Maine

#### **Maine Fraud Statement**

“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 a denial of insurance benefits.”

Applicable in Maryland

#### **Maryland Fraud Statement**

“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.”

Applicable in New Jersey

#### **New Jersey Fraud Statement**

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Applicable in New Mexico

#### **New Mexico Fraud Statement**

“Any person who knowingly presents a false 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 civil fines and criminal penalties.”

Applicable in New York

#### **New York Fraud Statement**

“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.”

Applicable in Ohio

#### **Ohio Fraud Statement**

“Any person who, with intent to defraud or knowing that he 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.”

Applicable in Oklahoma

#### **Oklahoma Fraud Statement**

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

Applicable in Oregon

#### **Oregon Fraud Statement**

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Applicable in Pennsylvania

#### **Pennsylvania Fraud Statement**

“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 subjects such person to criminal and civil penalties.”

Applicable in Puerto Rico

**Puerto Rico Fraud Statement**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in Tennessee, Virginia and Washington

**Tennessee, Virginia and Washington Fraud Statement**

“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.”

**SIGNATURE AND CERTIFICATION**

**By signing this application, the Applicant agrees that:**

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.
7. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

\_\_\_\_\_  
**Signature of Principal, Partner, Officer or Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Principal, Partner, Officer or Director**

\_\_\_\_\_  
**Printed Title**

**BROKER INFORMATION**

\_\_\_\_\_  
Agent/Broker

\_\_\_\_\_  
Agent/Broker/Producer Contact Name

\_\_\_\_\_  
Agent/Broker E-Mail Address

\_\_\_\_\_  
Agent/Broker Telephone Number

\_\_\_\_\_  
Agent/Broker Address

\_\_\_\_\_  
Producer's Florida License Number