

Insurance Agents & Brokers Professional Liability

1. Name of Agency: _____ Date Established: _____
2. Contact Name: _____
3. Phone: _____ Fax: _____ Email address: _____
4. Risk Address: _____
5. Mailing : _____
6. Number of years insurance agency experience: _____ Number of years continuous E&O coverage: _____

(If experience is less than 5 years, please attach resume)

7. Name of current E&O carrier: _____ Current Retro Date: _____ Policy Eff Date: _____
8. Limits and deductible currently carried: _____ Premium: _____
9. Please provide the following based on the last 12 months of operation:
 Agency P&C Premium Volume \$ _____ Agency P&C Commission Income \$ _____
 Agency Life/ A&H Commission Income \$ _____ Variable Annuities \$ _____ Broker Fees \$ _____
10. The Applicant is: Individual _____ Partner _____ Corporation _____ Other (Describe) _____
11. Total Staff Size _____ (including Owners, CSR's, 1099, etc.) How many are sub-producers? (1099 producers) _____
 Number of employees with professional designations (CIC, CPSR, CISR, CPCU, CLU): _____
 Number of employees with at least 3 years experience: _____

12. Has the Applicant had any E & O claims in the past 5 years? Yes No
- a Has the Applicant been the subject of disciplinary action or investigation? Yes No
- b Does the Applicant have any knowledge of any potential E & O claim(s)? Yes No
- c Has the Applicant been declined, cancelled or non-renewed? Yes No

(If yes to any of the above please attach an explanation with details.)

13. Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past two years? _____ YES _____ NO Who Sponsored: PIA _____ Other _____

14. Any changes in Ownership or Acquisitions in the past 12 months? _____

15. Percentage of business placed: Direct with carriers: _____ % MGA _____ % Wholesale: _____ % = **100%**

16. Percentage of business Placed with Carriers: Admitted: _____ % Non-Admitted _____ % = **100%**

17. List all carriers business is placed with, including those accessed via broker, wholesalers or MGA.

Insurance Company	Admitted	Volume Placed	Current "Best Insurance Rating"
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

18. Number of companies represented with B + or lower A.M. Best Rating: _____

19. Business you placed as an: Agent/Broker _____ % Surplus Lines _____ % MGA _____ % Captive Agent _____ % = **100%**

Additional Question: Please state percentage of business written through:

Assigned Risk or State Fund Pools: _____% Risk Retention Groups: _____% Risk Purchasing Groups: _____%

Does your agency use "Power of Attorney" to represent the insured? (YES) _____ (NO) _____

20. Indicate the percentages of premium volume derived from each line of business listed below must total **100%**

PERSONAL LINES	%	COMMERCIAL LINES	%
Auto (Standard)/Motorcycles		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Dwelling		Business Owners' Policy	
Umbrella		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Comp	
		Risk Retention Group	
LIFE, ACCIDENT & HEALTH	%	Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Ocean Marine	
Group Health		Prof. Liability	
Fixed Annuities		Medical Malpractice	
Other (Describe):		Directors & Officers	

Total (100%): 0 %

Office Procedures (loss control credits are given in this area)

- a. Are copies of binders mailed to insured and/or the company promptly? Yes No
 - b. Is there a procedure for documenting phone conversations? Yes No
 - c. Is a policy expiration list maintained? Yes No
 - d. Are all policies and endorsements checked for accuracy? Yes No
 - e. Does agency have a follow-up /suspense system? Yes No
 - f. Does the Applicant have an Office Procedures Manual? Yes No
 - g. Does Applicant document a client's refusal to accept coverage/limits limitations? Yes No
 - h. Does agency utilize a computerized production and accounting system? Yes No
 - i. Is incoming mail date stamped? Yes No
 - j. Does the Applicant delegate binding authority to sub-producers? Yes No
 - k. Are requests required to be in writing when a customer desires their insurance Reduced or Eliminated? Yes No
 - l. Does the Applicant conduct any business other than Property & Casualty Insurance? Yes No
- If yes, please explain (i.e. DMV Registration): _____

21. What percentage of the Applicant's business is: Received direct? _____% From outside producers? _____%

22. Prior carrier information: Premium: Premium:

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

How did you hear about us? Web-site Insurance Journal Email Blast Other: _____

Applicant Signature: _____ Date: ____/____/____

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

Supplement – Claim Information Form

Applicant's Instructions: A separate supplement should be completed for each claim or potential claim experienced in the last five (5) years; if the space allotted is not adequate, provide details as a separate attachment, complete, sign and date the supplement in ink.

1. Applicant's Name: _____
2. Name of Agency that reported claim (if different than above): _____
3. Name of the Claimant: _____
4. Date of alleged error: _____(MM/DD/YYYY) Date claim Made: _____(MM/DD/YYYY)
5. Date claim reported to E&O Carrier: _____(MM/DD/YYYY)
6. Describe the claim or incident (include the type of coverage involved, allegations asserted and agency response):

7. Status of Claim (check one only):

Incident only

in Suit

Open

Closed

If claim is open or in suite, answer the following:

8. Claimant's settlement demand: \$ _____ Paid Losses to date: \$ _____
Defendant's last offer for settlement: \$ _____ Paid Expenses to date: \$ _____

9. Brief status of current activity:

If claim is closed, answer the following:

10. Total expenses paid: \$ _____ Deductible Applicant paid: \$ _____
Total losses or damages paid: \$ _____ Date Claim closed: _____
(MM/DD/YYYY)

11. What steps have been taken to prevent a recurrence or similar claims?

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Print Name

Title

Signature

Date

Supplement must be signed by an owner, officer, partner or principal of the Applicant.