

INSURANCE BROKERS & AGENTS E&O APPLICATION

1. Name of Applicant: _____
 DBA: _____
 Physical Address: _____
 City: _____ State: _____ ZIP: _____ Phone Number: _____
 Contact: _____ Email Address: _____
 # of Locations: _____ # of Employees (list by location): _____

2. Year Agency Established: _____ If less than 3 years, please attached resumes of principals.
 Owners Years of Insurance Experience: _____

3. Limits of Liability Desired: _____ Each Claim _____ in The Aggregate
 Deductible amount desired: _____

4. (a) Please indicate the Premium Volume produced by of through the Applicant and the revenues earned by the Applicant, and any Other Fees the Applicant had during the years listed below:

YEAR	PREMIUM VOLUME	TOTAL REVENUES/COMMISSIONS	OTHER FEES
Last Completed			
Current Estimated			

(b) Does the applicant receive any income from any additional source? If yes, please give details. YES NO

5. (a) Please indicate the percentage of business placed as:

Retail Agent/Broker _____% Surplus Lines Broker _____% Wholesaler _____% MGA _____%
 OTHER _____% (please specify)

(b) What is the annual percentage breakdown by Line of Business of the Applicant's Annual Premium Income?:

PERSONAL LINES		COMMERCIAL LINES	
Auto - Standard	%	Auto	%
Auto - Non Standard & Assigned Risk	%	BOP/CGL/Package	%
Homeowners & Standard Fire	%	Umbrellas/Excess	%
Personal Floaters	%	Property Coverage	%
Flood	%	Workers Compensation	%
Other	%	Flood	%
		Bonds	%
		Professional Liability	%
		Directors & Officers Liability	%
		Crop Coverage	%
		Long Haul Trucking	%
		Wet Marine	%
		Medical Malpractice	%
		Livestock Mortality	%
		Aviation	%
		Other (Describe)	%
LIFE INSURANCE		ACCIDENT & HEALTH	
Individual	%	Group – Carrier Insured	%
Group	%	Group – Self Insured	%
Annuities - Fixed	%	HMO/PPO/DSP	%
		Individual	%
			TOTAL %
TOTAL OF ALL LINES COMBINED SHOULD EQUAL 100%			

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6. Please list the top three (3) Insurance Companies by Premium Income with which the Applicant place business and the dollar volume for each:

INSURERS AND/ OR MGA'S	PREMIUM VOLUME	ADMITTED (Y/N)	CURRENT BEST RATING
	\$		
	\$		
	\$		

7. Is the Applicant involved in any of the following Activities? If Yes, please show percentage of total revenue received from each:

ACTIVITIES		%	ACTIVITIES		%
Real Estate	<input type="checkbox"/> YES <input type="checkbox"/> NO		Premium Financing	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mutual Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Claims Adjusting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Variable Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO		Loss Prevention Engineering	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Viatical Settlements	<input type="checkbox"/> YES <input type="checkbox"/> NO		Third Party Administrator	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Financial Planning Services	<input type="checkbox"/> YES <input type="checkbox"/> NO		Law Practice	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Consulting	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other (please specify)		

8. (a) Does the Applicant delegate Binding Authority to Sub-Producers? YES NO
- (b) Does the Applicant Adjust Claims? YES NO
- (c) Does the Applicant have authority to deny Claims? YES NO
- (d) Does the Applicant negotiate/purchase Reinsurance? YES NO
9. Do you have Procedures to record and document for the file all business-related telephone conversations and require employees to follow these procedures? YES NO
10. Are all declination of coverage confirmed in writing? YES NO
11. Do you obtain instructions in writing from customers who want their insurance coverage reduced or eliminated? YES NO
12. Are Customers advised in writing whenever insurance cover cannot be bound immediately or when special restrictions or endorsements apply? YES NO
13. Does the Applicant currently have Errors & Omissions Insurance in Force? YES NO

Name of Insurer: _____

Limits: _____ Deductible: _____ Premium: _____

Retroactive Date of Current Policy: _____ Expiration Date: _____

14. (a) Has the Applicant been the subject of Disciplinary Action or Investigation as a result of Professional Activities? YES NO
- (b) Have there been any Errors and Omissions Claims made against the Applicant during the past 5 years? YES NO
- (c) Does the Applicant have any Knowledge of any Potential Errors or Omissions Claim(s)? YES NO
- (d) Has the applicant ever had Error and Omissions coverage declined / non-renewed / cancelled? YES NO

If 'YES' to any of Question 14, please attach an explanation

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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 OR 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.

Name of Firm: _____

By: _____
Owner, Partner or Officer (Must be Signed & Dated)

Date: _____

Title: _____