

Insurance Agents & Brokers E&O Quick Quote Application

1. Name of Agency: _____ Date Established: _____
2. Contact Name: _____
3. Phone _____ Fax: _____ Email address: _____
4. Mailing Address: _____
5. Physical Address: _____
6. Number of Locations: _____ List on separate page if more than one.
7. Number of years insurance experience: _____
8. Name of current E&O carrier _____ Current Retro Date: _____ Policy Eff Date: _____
9. Limits and deductible currently carried: _____ Premium: _____
10. Please provide the following based on the

	Last 12 months of operation &	Projected 12 months:
A) Agency P & C premium volume	\$ _____	\$ _____
B) Agency P & C commission income	\$ _____	\$ _____
C) Agency Life/A & H commission income	\$ _____	\$ _____
D) Broker Fees	\$ _____	\$ _____
E) Other Income	\$ _____	Description of Activities: _____
11. A) Number of Owners, Officers, Partners: _____ Other Solicitors, Brokers, Agents: _____ Clerical: _____
B) Non Employee Producers (Independent Contractors - 1099 producers): _____
C) Any member in any of the following Insurance Professional Associations (IIAA, PIA, Am. Agents Alliance, WAIB, AAMGA, NAPSLO, Other)? Yes No
D) Number of employees / owners with professional designations (CIC, CPSR, CISR, CPSU, CLU): _____
E) Number of employees / owners with at least 3 years experience: _____
12. A) In the past 5 years, number of E & O claims: 0 1 2 3 4 5 or more
B) Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?
 Yes No
C) Does the Applicant have any knowledge of any potential errors or omissions claim(s)?
 Yes No
(If yes to any of the above please attach an explanation with details.)
13. Have any employees attended any Continuing Education Classes / E&O loss prevention seminars or other industry related education courses within the past 12 months? ___ YES ___ NO
14. What percentage of total income comes from one or more of the following: loss control inspection or safety consulting, property appraisal for a fee, third party administration services, employee insurance benefit consulting, estate insurance planning, consulting for a fee or placement of pre-paid legal services memberships? _____%
15. Number of companies represented with B + or lower A.M. Best Rating: _____
16. Percentage of business placed with carriers: Direct to Ins. Co. _____% Through a Wholesaler/MGA _____%
17. Percentage of business placed with carriers: Admitted _____% Non-admitted _____%

18. Percentage of business placed: Retail (sold directly to Insureds) _____% Wholesale (sold to other Agents) _____%
19. List all carriers business is placed with, including those accessed via broker, wholesalers or MGA. (Use separate sheet if necessary)
20. Business you placed AS A: Agent _____% Broker _____% Surplus lines agent _____% MGA _____%
21. Please indicate PERCENTAGES of the **Applicant's** premium volume derived from each line of business listed below. **The total of all lines should equal 100%.**

PERSONAL LINES		COMMERCIAL LINES	
Auto (Standard)		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Compensation	
		Inland Marine	
LIFE, ACCIDENT & HEALTH		Ocean Marine	
Individual Life		Crop / Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Professional Liability	
Group Health		Medical Malpractice	
Financial Products (series 6): Mutual Funds		Pollution Liability	
Annuities		Bonds	
Other (Describe):		Other (Describe):	

22. What Percentage of the Personal Lines Auto business is placed on direct bill with carriers? _____%

23. 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 diary/suspense system? Yes No
- f. Does 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 any form of computer or automation system? Yes No
- i. Does agency utilize a computerized accounting system? Yes No
- j. Is incoming mail date stamped? Yes No
- k. Are binders confirmed in writing? Yes No

Signature

Date