

AIG Financial Institutions Group

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. Number of years insurance agency experience: _____ Number of years continuous E&O coverage _____
6. Name of current E&O carrier _____ Current Retro Date: _____ Policy Eff Date: _____
7. Limits and deductible currently carried: _____ Premium: _____
8. 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 \$ _____
 - Consulting/Fees \$ _____
9. Total Staff Size _____ full time _____ part-time (including Owners, Officers, Partners, CSR's, etc.)
Non Employee Producers: _____ f/t _____ p/t (1099 producers)
Number of employees with professional designations (CIC, CPSR, CISR, CPSU, CLU): _____
Number of employees with at least 3 years experience: _____
10. In the past 5 years, number of E & O claims: 0 1 2 3 4 5 or more
Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?
 Yes No
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.)
11. 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: IIAA _____ PIA _____ Other _____
12. 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? _____%
13. Number of companies represented with B + or lower A.M. Best Rating: _____
14. Company Direct Bill: _____%
15. Percentage of business placed with carriers: Direct _____% Broker _____%
16. Percentage of business placed with carriers: Admitted _____% Non-admitted _____%
17. Percentage of business placed: Retail _____% Wholesale _____%

18. Need Mutual Fund or Real Estate endorsement? Yes No

If yes, what is the commission income derived from these activities? \$ _____

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. Percentage of Personal Lines: _____% Commercial Lines: _____% Life, A&Health: _____%

22. Please indicate either the dollar amount or percentages of the **Applicant's** premium volume derived from each line of business listed below.

(If using percentages, 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' Comp (Non-retrospective Rated)	
		Workers' Comp (Retrospective Rated)	
LIFE, ACCIDENT & HEALTH		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine/Ocean Marine	
Group Health		Professional Liability/Medical Malpractice	
Financial Products (series 6):		Other (Describe):	

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 a computerized production and accounting system? Yes No
- i. Is incoming mail date stamped? Yes No
- j. Are binders confirmed in writing? Yes No

Do you need a quote on:

Life/Health Insurance Disability Insurance

Employee Dishonesty (Crime) Insurance Business owners Insurance