

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
- ; Has the Applicant been the subject of disciplinary action or investigation? Yes No
- I Does the Applicant have any knowledge of any potential E & O claim(s)? Yes No
- (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%**

