## **Insurance Agents & Brokers Professional Liability**

1.	Name of Agency:	Date Es	Date Established:						
2.	Contact Name:								
3.	Phone:	Fax:		Email ad	dress:				
4.	Risk Address:								
5.	Mailing :								
6.	Number of years insurance agency	y experience:	N	lumber of year	s continuous	E&O coverage: _			
	(If experience is less than 5 year	rs, please attach re	sume)						
7. Name of current E&O carrier:			(	Current Retro	Date:	Policy Eff Da	ite:		
8. Limits and deductible currently carried:						Premium	Premium:		
9.	Please provide the following based	d on the last 12 mont	hs of op	eration:					
	Agency P&C Premium Volume	\$	Ag	ency P&C Cor	nmission Incor	me \$			
	Agency Life/ A&H Commission	Income \$	Va	riable Annuitie	s\$	Broker Fees	\$		
10	. The Applicant is: Individual	Partner	Corpora	ation O	ther (Describe	e)			
11.	. Total Staff Size(incl	uding Owners, CSR	s, 1099	, etc.) How ma	ny are sub-pro	oducers? (1099 p	roducers)		
	Number of employees with p	rofessional designat	ons (CI	C. CPSR. CISI	R. CPCU. CLI	J):			
		_	·		,, -	-,			
10	Number of employees with a					Voc	No		
12	. Has the Applicant had any E & O	·	•	ry action or inv	vootigation?	Yes	No No		
	Has the Applicant b	•	•	•	•	Yes	No		
I Does the Applicant have any knowledge of any potent  Has the Applicant been declined, cancelled or non-rer					J ciaim(s)?	Yes	No		
						Yes	No		
13	(If yes to any of the above pleas Have any employees attended ar	•		•	industry relate	ed education cour	ses within the		
	st two years?YESNC						303 Within the		
	•	·							
14.	. Any changes in Ownership or Ac	quisitions in the past	12 mon	itns?					
15	Percentage of business placed:	Direct with carriers:		% MGA _	% Wh	nolesale:	% = 100%		
16	. Percentage of business Placed v	vith Carriers:	Adm	nitted:	% Non-A	dmitted	% = <b>100%</b>		
<u>17</u>	. List all carriers business is placed	d with, including thos	e acces	sed via broker	, wholesalers	or MGA.			
	Insurance Company	Admitted	ı	Volume	Placed	Current "Be	st Insurance Rating'		
		□ <sub>Yes</sub> □	□ <sub>No</sub>						
		☐ Yes □	] No						
			<b>¬</b>						
		☐ Yes ☐	J No						

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

PERSONAL LINES	%	COMMERCIALLINES		%	
uto (Standard)/Motorcycles		Auto (Other than Long Haul Trucking)			
auto (Non-standard)/Motorcycles		Long Haul Trucking			
Iomeowners/Dwelling		Business Owners' Policy			
Jmbrella		General Liability & Property (Non-BOP)			
Other (Describe):		Workers' Comp			
LIFE, ACCIDENT & HEALTH	%	Risk Retention Group Bonds			
ndividual Life	/0	Crop/Animal Mortality			
ndividual Accident & Health		Aviation			
Group Life		Ocean Marine			
Group Health		Prof. Liability			
Fixed Annuities		Medical Malpractice			
Other (Describe):		Directors & Officers			
		Total (100%	<b>6):</b>	%	
ce Procedures (loss control credits	are given i	n this area)			
a. Are copies of binders mailed t	to insured ar	nd/or the company promptly?	Yes	No	
b. Is there a procedure for docur	ls there a procedure for documenting phone conversations?				
c. Is a policy expiration list maintained?				No	
d. Are all policies and endorsements checked for accuracy?				No	
e. Does agency have a follow-up	system?	Yes	No		
f. Does the Applicant have an C	Office Proced	dures Manual?	Yes	No	
g. Does Applicant document a c	lient's refusa	al to accept coverage/limits limitations?	Yes	No	
h. Does agency utilize a comput	erized produ	uction and accounting system?	Yes	No	
i. Is incoming mail date stamped	d?		Yes	No	
j. Does the Applicant delegate b	binding authority to sub-producers?			No	
k. Are requests required to be in	. Are requests required to be in writing when a customer desires their insurance				
Reduced or Eliminated?			Yes	No	
I. Does the Applicant conduct a	ny business	other than Property & Casualty Insurance?	Yes	No	
If yes, please explain (i.e. DMV	Registration	n):			
21. What percentage of the Applicant's	business is	: Received direct? % From outside produ	ucers?	%	
22. Prior carrier information:	Premium:				

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_