



# TWO-MINUTE P&C E&O SURVEY

**(Complete the Survey and Fax to: 302-762-4200)**

**Interested in comprehensive, cost effective Errors and Omissions coverage?** Rockwood Programs is an industry leader in Insurance Agents Errors & Omissions Coverage. Let us compete for your business.

We will contact you three months prior to your policy expiration date to quote your E&O Coverage using our network of A rated (or better) Carriers.

Any questions? Call 877-764-4555, or visit [www.rockwoodinsurance.com](http://www.rockwoodinsurance.com) for additional product information.

## Section 1 About Your Business .....

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Year Established \_\_\_\_\_ Number of Locations \_\_\_\_\_ Captive Agent:  Yes  No

Non Standard business placed \_\_\_\_\_ % Business placed with carriers rated B+ or lower (AM Best) \_\_\_\_\_ %

Gross Annual Revenue\* \$ \_\_\_\_\_ Total Premium Volume (approx) \$ \_\_\_\_\_

Personal Lines \_\_\_\_\_ % + Commercial Lines \_\_\_\_\_ % = 100%

Admitted Markets \_\_\_\_\_ % + Non-Admitted Markets \_\_\_\_\_ % = 100%

Approximate breakdown of Revenue (by percent):

Agent..... %

MGA/MGU/Wholesale..... %

Broker..... %

Life & Health..... %

Consultant for Fee..... %

Risk Manager for Fee..... %

Other..... %

**Total must equal..... 100 %**

## Section 2 About your Current Policy .....

Effective Date: \_\_\_\_\_ Retro Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limits: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

## Section 3 About Your Experience .....

Has any policy been cancelled or non-renewed?.....  Yes  No

Have you had any E&O claims last 5 years?.....  Yes  No

\* Revenue = Gross commissions (not netted against sub-producer compensation), policy fee income, insurance-related consulting fees.

**Please answer all questions on this form and Fax it to: 302-762-4200**