



# MGA-MGU PROGRAM ADMINISTRATOR TWO-MINUTE E&O Premium Indication Form

*Interested in comprehensive, cost effective Errors and Omissions coverage?*

Rockwood Programs is an industry leader in Insurance Agency Errors & Omissions Coverage. Let us compete for your business. **Complete the Survey and Fax to: 302-765-2088.**

## Section 1 About Your Business

Name of Firm \_\_\_\_\_

Company Contact \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Year established \_\_\_\_\_ Number of Locations \_\_\_\_\_

Total P&C Gross Written Premium \$ \_\_\_\_\_ Total Life/A&H Commissions \$ \_\_\_\_\_

Total Other Revenue \$ \_\_\_\_\_

Wholesale .....	_____ %	Admitted .....	_____ %	Personal .....	_____ %
Retail .....	_____ %	Non admitted ....	_____ %	Commercial ...	_____ %
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>

Approximate breakdown of premium volume and fees (by percent):

Agent (no binding authority) .....	_____ %
Agent (non-discretionary/online binding authority) .....	_____ %
Broker/Wholesaler (no binding authority) .....	_____ %
Broker/Wholesaler (non-discretionary/online binding authority) .....	_____ %
MGA/MGU (discretionary binding authority) .....	_____ %
Other (please list) _____	_____ %
<b>Total must equal 100 %</b>	

List Major Programs (over \$500,000 premium):

Name/Type	Line of Business	2004 Premium Estimated \$	2005 Premium Projected \$	Carrier

## Section 2 About your Current Policy

Effective 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

**Please answer all questions on this form and Fax it to: 302-765-2088**