

New Association Errors and Omissions/ Professional Liability Questionnaire



Return Completed Form to:
Agency Manager, **Fox Point Programs, Inc.**
250 Philadelphia Pike, 2nd Fl, Wilmington, DE 19809
800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

General Information

1 Name of Association _____

2 Address _____

City _____ State _____ Zip _____

3 Contact Person _____ Title _____

Tel (_____) _____ Fax (_____) _____ E-mail _____

4 Number of Members _____

5 Will this be the first time E&O is offered? Yes No *Please explain:* _____

6 How is E&O obtained by your membership today? _____

7 List the top 3 priorities/features desired in your new E&O program.

A) _____

B) _____

C) _____

8 How will you help to promote the program? _____

9 How do you expect to be compensated for your involvement? _____

Information About The Association

1 Product Lines offered (check all that apply): Life Accident Health LTD Annuities Variable Life GL

Other (*describe*): _____

2 How often do you communicate with your member base? Weekly Monthly Quarterly Other (*describe*): _____

What methods do you use? (*check all that apply*): E-mail Letters Newsletters/Magazines Meetings (*describe*): _____

3 Please provide Insurance Agent/Agency contact information:

Agency Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Tel (_____) _____ E-mail _____