



# LIFE/VIATICAL SETTLEMENT ERRORS & OMISSIONS Two Minute Premium Indication Form

Are you interested in professional liability protection tailored to respond the unique exposures facing Life and Viatical Settlement specialists? Let Rockwood provide you with a free, no-obligation premium estimate for Errors & Omissions coverage. Simply complete the form below and return by fax to 302-765-2088!

## Section 1 GENERAL INFORMATION

Name of Applicant \_\_\_\_\_ Year Established \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_ No. of Locations \_\_\_\_\_

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

## Section 2 BUSINESS OPERATIONS

Gross Revenues, Last 12 Months \$ \_\_\_\_\_

### **Breakdown of Revenue By Source:**

Life Settlement .....	_____ %	Non-Recourse Premium Finance Life Insurance .....	_____ %
Viatical Settlement .....	_____ %	Other Premium Financing Activities .....	_____ %
Life/A&H Insurance .....	_____ %	Other (describe): .....	_____ %
Financial Planning Services .....	_____ %	<b>TOTAL MUST EQUAL 100 %</b>	

Does the Applicant comply with state model laws regarding disclosure and notification of Life/Viatical Settlement provisions? .....  Yes  No

Does the Applicant have internal auditing protocols in place? .....  Yes  No

Average number of Providers approached per proposal: \_\_\_\_\_ Typical terms presented: \_\_\_\_\_

### **List the top 3 Providers used to fund Life Settlement/Viatical transactions:**

PROVIDER NAME	FUNDS SOURCE
1 _____	<input type="checkbox"/> Institutional <input type="checkbox"/> Private
2 _____	<input type="checkbox"/> Institutional <input type="checkbox"/> Private
3 _____	<input type="checkbox"/> Institutional <input type="checkbox"/> Private

## Section 3 CURRENT INSURANCE COVERAGE

Effective Date \_\_\_\_\_ Carrier \_\_\_\_\_

Limits \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_ Retro-Date \_\_\_\_\_

## Section 4 PRIOR EXPERIENCE

Has any prior E&O insurance policies been cancelled or non-renewed? .....  Yes  No

Have you had any E&O claims in the past five years, or have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim? .....  Yes  No

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