



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.

ISM # _____
SMA # _____

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 877-242-2487, or visit www.rockwoodinsurance.com for additional product information.

Section 1 About Your Business

Name of Applicant _____

Company _____

Address _____

City _____ State _____ Zip _____

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

Year Established _____ Number of Locations _____ Captive Agent: Yes No

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