



# UNIVERSAL ERRORS & OMISSIONS TWO MINUTE PREMIUM INDICATION FORM

FOX POINT PROGRAMS 706 Philadelphia Pike, Ste 4A, Wilmington, DE 19809-2546  
Tel: 800-499-7242 • Fax: 302-472-8529 • Web: www.foxpointprg.com

ISM # \_\_\_\_\_  
SMA # \_\_\_\_\_

Any company that provides a service to others in exchange for a fee faces a potential professional liability exposure. Errors & Omissions (E&O) coverage provides insurance protection for entities being sued by their clients over such allegations as:

- Errors, omissions, or negligence related to the provision of a service
- Improper documentation
- Mismanagement
- Failure to provide service
- Misrepresentation of facts
- Unprofessional conduct
- Non-disclosure of information

The financial impact of an E&O suit on a company can be devastating and can potentially wipe out corporate and personal assets. Even if the allegations are proven to be groundless, the firm would still incur substantial legal defense costs.

**Fox Point Programs is here to help!** Let us provide you with a free, no-obligation premium indication for Errors & Omissions coverage for your firm. Simply complete the form below and return by fax to 302-472-8529!

## Section 1 General Information .....

**A** Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

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

Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_

**B** Profession \_\_\_\_\_

**C** Description of Services \_\_\_\_\_

**D** Estimated Annual Income: This Year \$ \_\_\_\_\_

## Section 2 Current Insurance Coverage .....

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

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

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

## Section 3 Prior Experience .....

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

**B** 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

**C** Please provide details if you answered "Yes" to either "A" or "B" above: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Authorized Signature

**Please answer all questions on this form and Fax it to: 302-472-8529**