



# ISM/ASM/SOPA 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 # _____
ASM # _____
SOPA # _____

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](http://www.rockwoodinsurance.com) for additional product information.

## Section 1 About Your Business .....

Name of Applicant: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address \_\_\_\_\_

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

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Year Established \_\_\_\_\_ Number of Locations \_\_\_\_\_

Gross Annual Revenue\* \$ \_\_\_\_\_ Total Premium Volume (approx) \$ \_\_\_\_\_

\* Revenue = Gross commissions (not netted against sub-producer compensation), policy fee income, insurance-related consulting fees.

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 (explain) .....	_____ %
<b>Total must equal.....</b>	<b>100 %</b>

## Section 2 About your Current Policy .....

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

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

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

Coverage Desired:  P&C  P&C and L&H

## Section 3 About Your Experience .....

Has any policy been cancelled or non-renewed?  Yes  No If "Yes", please provide an explanation on a separate sheet.

Have you had any E&O claims last 5 years? .....  Yes  No If "Yes", please provide an explanation on a separate sheet.

**Please answer all questions on this form and Fax it to: 302-762-4200**