



SMA and SMA/SPA 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.

SMA # _____
SPA # _____

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 SMA _____

Name of SPA _____

Address _____

City _____ State _____ Zip _____

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

Year SMA Established _____ Number of ISM's _____

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):

Admission Fees	_____ %	Agent	_____ %
Membership Fees	_____ %	MGA/MGU/Wholesale	_____ %
Access Plus Fees	_____ %	Broker	_____ %
Portfolio Management Fees	_____ %	Life & Health	_____ %
Consultant for Fee	_____ %	Risk Manager for Fee	_____ %
Other (explain)	_____ %		

Total must equal..... 100 %

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

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