



INSURANCE AGENTS & BROKERS PROFESSIONAL LIABILITY COVERAGE

APPLICATION FORM

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES

READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING

1. **Agency's Legal Name:** _____
 DBA (IF ANY) _____
 Organization Type: Corporation Partnership LLC LLP Individual
2. **Street Address:** (Primary Location) _____
 _____ Number of Additional Locations: _____
3. **E&O Designated Contact Name:** _____ Phone: _____ Fax _____
4. **Date Established:** _____ **Years of Experience of Owner** _____ **Website** _____
5. **Staffing Size:** (Please list each individual working for the agency)

	Full-Time	Part-Time
Owners, Principals, Officers, Partners		
Licensed Employees		
Non-Licensed Employees (including clerical)		
Independent Contractors		
TOTAL		

Percentage of licensed staff with 3 or more years of agency/broker experience: _____%

Percentage of staff with insurance designations (CIC, CPSR, CISR, CPCU, CLU): _____%

6. **Changes;** Please indicate any changes in ownership, acquisition or merger activity, change in principals or any other material changes in the last 12 months: _____

7. Is the applicant employed or in any way associated with any other insurance agency, firm or entity: _____
8. **Revenues from Business Placement:** Please break-down how you place and bill business in percentage of revenues from question 5:

Business Placement	Percentage of Revenues
As a Retailer	
As a Wholesaler	
As a MGA/ MGU/ GA/ Program Administrator	
As a Reinsurance Intermediary	
Other (describe)	
Placed with Admitted Carriers	
Placed with Surplus Lines Carriers	

9. **Revenues:** Please list gross premium and revenue amounts in dollars:

	Last 12 Months	Next 12 Months
a. Total P&C Gross Premium Volume	\$	\$
b. Total P&C Commissions	\$	\$
c. Total Life/A&H Gross Premium Volume	\$	\$
d. Total Life/A&H Commissions	\$	\$
e. Fees from other Professional Services and/or Annuities	\$	\$
TOTAL (Commissions + Fees)	\$	\$

10. Please list the top 5 P&C and Life/ A&H Insurance Carriers by annual premium:

Name of Insurance Carrier	Annual Premium
	\$
	\$
	\$
	\$
	\$

11. Is the Applicant involved in any other business activities, such as loss prevention, real estate or law practice?

If yes, please indicate the type and amount: _____ Yes No

12. **P&C and Life/A&H Premium Volume:**

If the Applicant listed any premium dollars from lines a. and c. in question 5, please indicate the percentage of the agency's **premium volume** derived from each line of business listed below.

(The total of all lines should equal 100%.) None

PERSONAL LINES		COMMERCIAL LINES	
Auto (Standard)		Commercial Auto	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners & Standard Fire		Business Owner's Policy	
Non Standard Fire		Commercial General Liability	
Pleasure Boats/Watercraft		Workers' Compensation	
Flood		Medical Malpractice	
Farmowners		Flood	
Umbrella		Livestock Mortality	
Wind		Pollution/Environmental	
Earthquake		Directors & Offices	
LIFE, ACCIDENT & HEALTH		Bonds	
Individual Life		Crop Coverage	
Individual Accident & Health		Aviation	
Group Life		Inland Marine	
Group Health- Carrier Insured		Ocean Marine	
Group Health- Self- Insured		Professional Liability	
Credit Life		Bonds	
HMO/PPO/DSP		Property	
Fixed Annuities		Umbrella/Excess	
Variable Annuities		Energy	
Mutual Funds		Entertainment	
Financial Products		Commercial Multi-Peril	

13. Please indicate the percentage of business the agency places with Insurers that are:
- Admitted Insurers rated less than B+ by AM Best _____%
- Non-admitted Insurers rated less than A- by AM Best _____%
- Un-rated Insurers: _____%

14. **Risk Management Controls/Office Procedures:**

- a. Are all phone conversations with clients documented? Yes No
- b. Is a policy expiration list maintained and reviewed at least monthly? Yes No
- c. Are all applications, policies, endorsements checked for accuracy? Yes No
- d. Are files marked to ensure certificate holders, regulatory agencies are notified of cancellation or material changes? Yes No
- e. Does applicant have a current, written Office Procedures Manual? Yes No
- f. Is there a written procedure documenting all client rejections of coverage? Yes No
- g. Is there a procedure to review renewal risks for needed changes in coverage? Yes No
- h. Does agency utilize a computerized production and accounting system? Yes No
- i. Does the agency use a coverage checklist on all insurance proposals? Yes No
- j. Is incoming documents date identified? Yes No
- k. Are copies of binders/certificates in writing? Yes No
- l. Does the agency use an automated management system? Yes No
- m. What type of file system does the agency use? Paper Transactional Imaging
- n. Has the applicant attended any E&O loss prevention, Continuing Education or training seminars in the last 12 months? Yes No

15. **Current Coverage:** Please provide details on current E&O insurance: None

Insurer	Expiration	Limits	Retention	Premium	Retro Date

Please state required: Limits of Liability \$ _____ Retention \$ _____

16. **Claims Activity/Disciplinary Questionnaire:**

- a) In the past 5 years, number of **E & O claims**: 0 1 2 3 4 5 or more made against agency or any of its past or present agency staff or predecessor agency. (Please include 5 years of currently valued carrier loss runs.)
- b) Have any employees been the subject of **disciplinary action** or investigation by any insurance regulatory authority as a result of professional activities or convicted of criminal activity? Yes No
- c) Does the Applicant have any knowledge of ANY circumstances or incidents that could give rise to errors or omissions claim(s) being made against the agency? Yes No
- d) Has the Applicant ever had E&O coverage declined, cancelled, or refused renewal? Yes No
(If yes to any of the above, please provide details of each matter.)
- e) Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past 12 months? Yes No

17. Is there any coverage placed, administrative responsibility or involvement in:
- | | |
|---|--|
| Self-insured trusts, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Captives or risk retention groups, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Risk purchasing groups, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stop Loss or Medical Excess, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional Employer Organizations, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Multiple Employer Trusts or Multiple Employer Welfare Arrangements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Party Administration | <input type="checkbox"/> Yes <input type="checkbox"/> No |

18. ATTACHMENTS: Attach expiring declarations page of policy and warranty letter.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Signature of Applicant		Date
Print Name	Print Title	Firm/Company

Throughout this application the word "applicant" or "you" refers to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.