

Property & Casualty Insurance Agents & Brokers E&O Application

1. Full Applicant's Name: _____
2. Address: _____
3. Contact Name: _____ # of Locations: _____ State: _____
4. Phone: _____ Fax: _____ Email Address: _____
5. Website Address: _____
6. Number of yrs in business: _____ Number of years industry experience of agency principal(s): _____
7. Acquisitions, mergers or cluster arrangements within the past five (5) years: Yes No
8. Name of current E&O carrier: _____ Retroactive Date: _____ Policy Eff. Date: _____

(attach copy of current E&O Declarations Page for confirmation of retroactive date)

9. Limits currently carried: \$ _____ / \$ _____ Deductible: \$ _____ Premium: \$ _____
10. Please provide the following based on the last 12 months of operation/if new business next 12 months projection

Agency P & C premium volume	\$ _____
Agency P & C commission income	\$ _____
Agency Life/A & H premium volume	\$ _____
Agency Life/A & H commission income	\$ _____
Consulting/Broker Fees	\$ _____
Other: Mutual Funds, Variable Products	\$ _____
Securities	\$ _____

11. Total Staff Size: # Licensed: _____ # Unlicensed (with client contact only): _____
Non-Employee Producers with written contracts: _____ Average years experience all staff: _____

(Note: producers without written contracts are not covered)

- # Series 6 & 7 licensed: _____ Average years experience Series 6 & 7: _____
12. In the past 5 years, number of E & O claims: 0 1 2 3 or more. Total Amount Paid \$ _____
(PLEASE SEND ALL INFORMATION ON CLAIMS)
13. Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?
 Yes No
Does the Applicant have any knowledge of any potential errors or omissions claim(s)? Yes No
Has the Applicant ever had E&O coverage declined, cancelled or refused renewal? (Not applicable in MO).
 Yes No

(If yes to any of the above please attach an explanation with details).

During the past 5 years, has the Applicant made an "Adjustment" or "Goodwill Payment" in settlement of any dispute?
 Yes No

(If yes, attach explanation concerning payments of \$500 or more, exclusive of company draft authority, to this application).

14. Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past twelve months? Yes No Percentage of Management staff attending _____ (**documentation required to qualify for credit**).
15. Percentage of business placed with Property/Casualty carriers rated B+ or lower or Life/Health carriers rated A- or lower by A.M. Best: _____ %
16. Company Direct Bill: _____ %
17. Are you an: Agent _____ % Broker _____ % Surplus Lines Broker _____ % MGA _____ %
18. Percentage of business placed with carriers: Direct _____ % Brokered _____ %
19. Percentage of business placed with carriers that are Admitted _____ % Non-Admitted _____ %
20. Percentage of business placed with clients as: Retail Agent/Broker _____ % Wholesale _____ %
21. List top 5 carriers business is placed with:

Carrier	Revenues	Carrier	Revenues
#1	\$	#2	\$
#3	\$	#4	\$
#5	\$		

22. Percentage of Personal Lines: _____ % Commercial Lines: _____ % Life & Health: _____ %
23. Please indicate the percentages of the Applicant's commission derived from each line of business listed below.

NOTE: Percentages of all lines must equal 100%.

PERSONAL LINES		COMMERCIAL LINES	
Auto (Standard)		Auto (Standard) Other than Long Haul	
Auto (Non-standard)/Motorcycles		Auto (Nonstandard) Other than Long Haul	
Homeowners/Umbrella		Long Haul Trucking	
Non-Standard Property		Business Owners' Policy	
Pleasure Boats/Craft		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Compensation	
LIFE, ACCIDENT & HEALTH		Umbrella/Excess	
Individual Life		Bonds (Surety)	
Fixed Annuities		Bonds (All Other)	
Individual Accident & Health		Crop/Animal Mortality	
Group Life		Aviation	
Group Health		Inland Marine	
Mutual Funds, Variable Annuities		Ocean Marine	
Securities		Professional Liability/Medical Malpractice	
Other (Describe):		Other (Describe):	

24. Office Procedures (**loss control credits may be available in this area**).
- a. Is proof of errors & omissions liability insurance required from agents/brokers and/or sub-agents/brokers that place business with your agency? Yes No
- b. Is there an in-house policy/procedures manual in use? Yes No
- c. Is there a procedure for documenting phone conversations? Yes No
- d. Is all incoming mail date stamped? Yes No
- e. Are there procedures that preserve the confidential nature of clients information? Yes No
- f. Is there an in-house training program for new employees? Yes No

- g. Is there a procedure or checklist used in reviewing client coverage and limit requirements? Yes No
- h. Are written records maintained of details of all critical conversations, including verbal instructions and oral agreements? Yes No
- i. Does the applicant document both a client's acceptance and rejection of offers, coverages, conditions and limitations? Yes No
- j. Are policies/endorsements checked against the application and other client requests for coverage prior to delivery to clients? Yes No
- k. Are umbrella/excess policies reviewed to be certain they are consistent with primary policy terms and conditions? Yes No
- l. Are expirations lists maintained? Yes No

NOTE: Provide current copy of the applicant's insurance agents errors and omissions carrier loss runs for the past 5 years. The loss runs should be dated within the past 60 days.

It is agreed that if any applicant or director, officer, manager, member, partner or employee or agent of the applicant proposed for coverage has knowledge of any information concerning any such fact, circumstance, situation, act, error or omission of any claim arising therefrom is hereby excluded from coverage under the policy, if issued.

It is hereby agreed that the information provided above is true and correct, and is material in deciding whether to issue the above coverage or coverages to the applicant.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER.

Print Name: _____ Print Title: _____

Applicant's Signature: _____ Date: _____

(Must be signed by Owner, Partner or Senior Officer)

Your acceptance is subject to Underwriter's approval. All Questions must be answered. Please attach additional sheets for comments and explanations to questions asked where the answer cannot be fully addressed on this application form.

The term "Applicant", as used in this application, refers to the person or entity applying for coverage and proposed to be covered under the policy, if issued, as the "First Named Insured". "Applicant" shall also mean any other person or entity applying for coverage as a "Named Insured."