

Affinity Insurance Agency, Inc.

Insurance Agents Professional Liability

PREMIUM ESTIMATE

Just give us a few facts about your firm and we can provide you with a premium estimate. We will need to see a fully completed application before we can send you a firm quote, but this should be enough information for reasonably good estimate.

1. Firm:	Address:	
Contact Person:	City/State/Zip:	
Phone:	Fax:	County:
Tax ID #:	Email:	

Fax Consent Form: By entering my firm name, fax number (s), and my name above, I am authorized to and consent to the firm receiving faxes sent by or on behalf of Affinity Insurance Agency, Inc.

2. Number of: Employees: _____ # Locations: _____ Date firm Founded: _____

3. Please give your annual premium volume, commissions & fees:

Year	Premium Volume	Commission & Fees
_____	_____	_____
_____	_____	_____

4. Please list the percentage of business placed as Retail Agent/Broker _____% Wholesaler _____% MGA,GA,Program Administrator _____% Other (Specify _____)%

5. What is the percentage of your total premium volume from the following:

Commercial Lines:		Personal Lines	
_____ % Commercial Auto	_____ % Long Haul Trucking	_____ % Standard Auto	_____ % Non- Standard Auto
_____ % Commercial Multi-Peril	_____ % GL/Products	_____ % Homeowners/Umbrella/Marine	_____ % Other _____
_____ % Commercial Marine	_____ % Workers Comp.	Life, Accident & Health	
_____ % Crop Hail	_____ % Inland Marine	_____ % Individual Life	_____ % Individual A&H
_____ % Professional Liability/D&O	_____ % Aviation	_____ % Group Life	_____ % Group A&H
_____ % Other _____		_____ % Other _____	_____ % Grand Total (must equal 100%)

6. Please list the top three insurers where you have placed business in the past two years.

Insurer	Annual Premium Volume	Years Represented
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

6A. What percentage of your business is with insurance companies rated B+ by AM Best or less? _____

7. Have you had or reported any E&O claims within the last five (5) years? _____ Yes _____ No
 Does anyone applying for coverage have knowledge of any potential E&O claims? _____ Yes _____ No
 Have you or anyone applying for coverage ever been the subject of a disciplinary action or investigation or complaint as a result of any professional activities? _____ Yes _____ No
 If "yes" to any of the above, please attach an explanation including dates, amount paid and reserved and what you did to avoid similar problems.

8. Current Malpractice Insurer: _____ Expiration Date of Policy: _____
 Retroactive Date of Policy: _____ Current Limits of Liability: _____
 Current Deductible: _____ Limits of Liability Desired: _____
 _____ Deductible Desired: _____ Current Premium: _____

9. Do you have claim draft authority? _____ If so, for what lines and companies and how much authority?(attach details)

10. Do you provide any Third Party Administration services? _____ If yes, please attach a description of your services.

