



# Professional Liability Application

1. Name of Agency: \_\_\_\_\_ Date Established: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

4. Risk Address: \_\_\_\_\_

5. 2<sup>nd</sup> Location : \_\_\_\_\_

6. Number of years insurance agency experience: \_\_\_\_\_ Number of years continuous E&O coverage: \_\_\_\_\_

**(If experience is less than 5 years, please attach resume)**

7. Name of current E&O carrier: \_\_\_\_\_ Current Retro Date: \_\_\_\_\_ Policy Eff Date: \_\_\_\_\_

8. Limits and deductible currently carried: \_\_\_\_\_ Premium: \_\_\_\_\_

9. Please provide the following based on the last 12 months of operation:

Agency P & C premium volume \$ \_\_\_\_\_ Agency Life/A & H commission income \$ \_\_\_\_\_

Agency P & C commission income \$ \_\_\_\_\_ Broker Fees \$ \_\_\_\_\_

10. The applicant is: Individual \_\_\_ Partner \_\_\_ Corporation \_\_\_ Other (Describe) \_\_\_\_\_

11. Total Staff Size \_\_\_\_\_ full time \_\_\_\_\_ part-time \_\_\_\_\_ (including Owners, Officers, Partners, CSR's, etc.)

Non Employee Producers: \_\_\_\_\_ f/t \_\_\_\_\_ p/t (1099 producers)

Number of employees with professional designations (CIC, CPSR, CISR, CPCU, CLU): \_\_\_\_\_

Number of employees with at least 3 years experience: \_\_\_\_\_

12. Has the Applicant had any E & O claims in the past 5 years?  Yes  No

a. Has the Applicant been the subject of disciplinary action or investigation?  Yes  No

b. Does the Applicant have any knowledge of any potential E & O claim(s)?  Yes  No

c. Has the Applicant been declined, cancelled or non-renewed?  Yes  No

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

13. Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past two years? \_\_\_ YES \_\_\_ NO Who Sponsored: IIAA \_\_\_\_\_ PIA \_\_\_\_\_ Other \_\_\_\_\_

14. What percentage of total income comes from one or more of the following: loss control inspection or safety consulting, property appraisal for a fee, third party administration services, and employee insurance benefit consulting, estate insurance planning, consulting for a fee or placement of pre-paid legal services memberships? \_\_\_\_\_%

15. Number of companies represented with B + or lower A.M. Best Rating: \_\_\_\_\_

16. Percentage of business placed with carriers: Direct \_\_\_\_\_% Broker \_\_\_\_\_%

17. Percentage of business placed with carriers: Admitted \_\_\_\_\_% Non-admitted \_\_\_\_\_%

18. Percentage of business placed: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_%

19. List all carriers business is placed with, including those accessed via broker, wholesalers or MGA.

<u>Insurance Company</u>	<u>Admitted</u>	<u>Volume Placed</u>	<u>Current " Bests Insurance Ratings "</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

20. Business you placed as an: Agent \_\_\_\_\_% Broker \_\_\_\_\_% Surplus lines agent \_\_\_\_\_% MGA \_\_\_\_\_%
21. Percentage of Personal Lines: \_\_\_\_\_% Commercial Lines: \_\_\_\_\_% Life, A&H: \_\_\_\_\_%
22. Indicate the percentages of the **Applicant's** premium volume derived from each line of business listed below which should total 100%.

PERSONAL LINES	%	COMMERCIAL LINES	%
Auto (Standard)		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Comp (Non-retrospective Rated)	
DMV Registration		Workers' Comp (Retrospective Rated)	
<b>LIFE, ACCIDENT &amp; HEALTH</b>		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine/Ocean Marine	
Group Health		Professional Liability/Medical Malpractice	
Financial Products (series 6):		other	

**Office Procedures (loss control credits are given in this area)**

- a. Are copies of binders mailed to insured and/or the company promptly?  Yes  No
- b. Is there a procedure for documenting phone conversations?  Yes  No
- c. Is a policy expiration list maintained?  Yes  No
- d. Are all policies and endorsements checked for accuracy?  Yes  No
- e. Does agency have a follow-up /suspense system?  Yes  No
- f. Does the Applicant have an Office Procedures Manual?  Yes  No
- g. Does Applicant document a client's refusal to accept coverage/limits limitations?  Yes  No
- h. Does agency utilize a computerized production and accounting system?  Yes  No
- i. Is incoming mail date stamped?  Yes  No
- j. Does the Applicant delegate binding authority to sub-producers?  Yes  No
- k. Are requests required to be in writing when a customer desires their insurance Reduced or Eliminated?  Yes  No
- l. Does the Applicant adjust claims?  Yes  No
- m. Does the Applicant conduct any business other than Property & Casualty Insurance?  Yes  No

23. What percentage of the Applicant's business is:

- (a) Received direct from insured's? \_\_\_\_\_% (b) Accepted from other producers? \_\_\_\_\_%

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

How did you hear about us?  FSC-Market Link  Insurance Journal  Kirschner's  other: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_