



Insurance Agents & Brokers Professional Liability

1. Name of Agency: _____ Date Established: _____
2. Contact Name: _____
3. Phone: _____ Fax: _____ Email address: _____
4. Risk Address: _____
5. 2nd 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)	
LIFE, ACCIDENT & HEALTH		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine ___/Ocean Marine ___	
Group Health		Prof. Liability___/Medical Malpractice ____	
Financial Products (series 6):		Risk Retention Group	

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: ____ / ____ / ____