



# Insurance Agents, Brokers and Consultants

## E&O Quote Indication Form

Applicant Legal Entity Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Desired Effective Date of E&O Coverage: \_\_\_\_\_

Current Retroactive Date: \_\_\_\_\_

Current E&O Carrier: \_\_\_\_\_

Current Premium: \$ \_\_\_\_\_

Current Limits (ea. claim/agg): \$ \_\_\_\_\_

Current Ded (ea. claim/agg): \$ \_\_\_\_\_

Agency Principal's years of experience: \_\_\_\_\_

No. of employees (not including owner): \_\_\_\_\_

Average 3- year employee turnover rate : \_\_\_\_\_ %

% of sales staff with any of the following designations:  
(CLU, CPCU, CIC, ARM, RPLU, AAI,  
AU, AIS, AIC, ASLI, ARC, AFSB) \_\_\_\_\_ %

% of staff completed state-approved E&O Loss  
Prevention Seminar within past 24 months? \_\_\_\_\_ %

Does the agency employ a dedicated risk manager?  
(more than 50% of time dedicated to risk  
mgmt, staff training, and compliance) ☐ Yes ☐ No

Does the agency have an Agency Management  
System in place? ☐ Yes ☐ No

In the past 5 years, has the agency or firm or any other Insured  
applying for coverage been:

The subject of disciplinary action? ☐ Yes ☐ No

Had coverage canceled or non-renewed? ☐ Yes ☐ No

Had employees or management  
convicted of a felony? ☐ Yes ☐ No

No. of E&O claims within past 5 years: \_\_\_\_\_

Total incurred value of all claims in past 5 yrs: \$ \_\_\_\_\_

### SIGN & RETURN FORM

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Commission/Fees in the last 12 months (project if new):

P&C: \$ \_\_\_\_\_

Life Accident & Health: \$ \_\_\_\_\_

Other ins. related income: \$ \_\_\_\_\_

% of revenue/income derived as: (tot. must equal 100%)

Retail Agency: \_\_\_\_\_ %

Whole sale Agency: \_\_\_\_\_ %

Surplus Lines Agency: \_\_\_\_\_ %

Managing Gen. Agency / UW: \_\_\_\_\_ %

% of accounts that are direct billed: \_\_\_\_\_ %

% of policies that are non-admitted: \_\_\_\_\_ %

### Personal & Commercial Lines

Standard Auto (P&C lines) \_\_\_\_\_ %

Non-Standard Assigned Risk Auto (Personal) \_\_\_\_\_ %

Non-Standard Assigned Risk Auto (Comm.) \_\_\_\_\_ %

Homeowners (Standard) \_\_\_\_\_ %

Homeowners (Non-Standard) \_\_\_\_\_ %

Commercial Fire (Standard) \_\_\_\_\_ %

Commercial (Non-Standard) \_\_\_\_\_ %

Workers Compensation \_\_\_\_\_ %

BOP/Package \_\_\_\_\_ %

Commercial General Liability \_\_\_\_\_ %

Med/Mal Professional Liability \_\_\_\_\_ %

Wet Marine \_\_\_\_\_ %

Long Haul Trucking \_\_\_\_\_ %

Crop \_\_\_\_\_ %

Aviation \_\_\_\_\_ %

Surety Bonds \_\_\_\_\_ %

Other (describe): \_\_\_\_\_ %

Total must equal 100%

### Life, Accident & Health and other Financial Products

Fixed Life Insurance (Individual & Group) \_\_\_\_\_ %

Group A&H \_\_\_\_\_ %

Individual A&H \_\_\_\_\_ %

Long Term Care Insurance \_\_\_\_\_ %

Fixed Annuities \_\_\_\_\_ %

Variable Life Ins and/or Variable Annuities \_\_\_\_\_ %

Mutual Funds \_\_\_\_\_ %

Securities \_\_\_\_\_ %

Other (describe): \_\_\_\_\_ %

Total must equal 100%