



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%