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: _____

Date Agency Established: _____

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%

American Guardian Insurance
amguardinsurance.com info@amguardinsurance.com 951-463-3061