



INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business is the primary applicant and will be the first named insured listed on the policy:											
2. Please list all other business/dba names for which you are seeking coverage under this policy:											
3.	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 10px;">Corporation</td> <td style="padding: 2px 10px;">Individual</td> <td style="padding: 2px 10px;">Partnership</td> <td style="padding: 2px 10px;">Municipality</td> <td style="padding: 2px 10px;">For Profit</td> </tr> <tr> <td style="padding: 2px 10px;">Joint Venture</td> <td style="padding: 2px 10px;">Other</td> <td></td> <td></td> <td></td> </tr> </table>	Corporation	Individual	Partnership	Municipality	For Profit	Joint Venture	Other			
Corporation	Individual	Partnership	Municipality	For Profit							
Joint Venture	Other										
4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy):											
5. Primary location address:											
6. County of primary location:											
Date business originally established:											
7. Total number of branches: List all addresses for additional branches:											
8. What is your website address?											
9. What is your phone number?											
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last five years?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No							
	Yes	No									
11. Does any entity own or control your business or does your business own or control any entity?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No							
	Yes	No									
12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? For questions 10-12, please fully explain any "yes" response, including the names, dates, and revenue impact involved:	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No							
	Yes	No									
13. Please list any associations of which you are a member:											

GENERAL INFORMATION

14. Is the agency a cluster “member” or cluster “hub”?

Member Hub N/A (If N/A, proceed to question #15).

- a. If a “member”, please explain the line of business:
- b. If a “hub”, how many members comprise the cluster?
- c. Do they carry their own E&O insurance? Yes No
- d. If “Yes”, do the members name the hub as an additional insured on their E&O insurance policies? ? Yes No
- e. Whether a “member” or “hub”, please explain the services performed by the cluster hub for or on behalf of the cluster members:

15. List all the applicant firm’s personnel:

(Each individual should be classified in only one category.)

Owners, Officers, Partner		Exclusive Non-employee Producers	
Employee Solicitors, Brokers, Agents		Non-exclusive Producers	
Other employees (including clerical)		TOTAL STAFF (including part-time)	

16. List all of the firm’s owners, officers and licensed employee producers.

Name	Position/Title	Professional Designations	# of Years Licensed	# of Years with Applicant

17. Please provide your agency's annual premium volume, commission income, policy count, and revenue generated from "other" income not including commission income (projections only if a start-up).

	Annual Premiums	Annual Commission Income	Policy Count	Annual "Other" Income
Most recent 12 months				
Previous 12 months				
Projected next 12 months				

18. List the five (5) insurance companies for whom applicant firm places the most annual premium.

Name of Insurance Company	% of Total Premium Volume	AM Best Rating	Years Represented	Major Lines Placed	Binding Authority? Yes or No	If binding authority, what line of business?

19. What percent of your agency's premium volume is placed with carriers having an AM Best rating of B or below, or who are unrated? %

a. List all insurance companies and volume of business you placed with companies having an AM Best rating of B or below, or with companies not currently rated:

Companies	Volume
	\$
	\$
	\$
	\$
	\$
	\$

20. Do you have claim handling authority on behalf of any carrier?	Yes	No
If "Yes", please provide the name of the carrier, line of business, and the dollar value of the claim authority for each company:		

21. Approximate percentage of the total annual volume you do as:			
Agent	%	Retail or Business direct from other agents	%
Broker	%	Wholesale or Business accepted from other agents	%
Managing General	%	Must Total	100%
Surplus Lines Broker	%		
Consultant (for fee)	%		
Other (specify)	%		
Must Total	100%		

22. Please categorize your total annual premium volume by line of business:			
A		C	
%	Personal Lines Home/Auto-Standard	%	Accident, Life & Health – Group
%	Sub-total (A)	%	Accident, Life & Health – Individual
B		%	Aviation
%	Bonds	%	Crop
%	Commercial (Auto-Other than Long Haul)	%	Long Haul or Intermediate Trucking
%	Commercial – General Liability	%	Marine-Ocean or other "Wet" Marine
%	Commercial – Property	%	Physicians/Hospitals
%	Inland Marine	%	Professional Liability/D&O
%	Personal Lines Home/Auto Sub-standard	%	Other (explain)
%	Workers Compensation	%	Sub-total (C)
%	Sub-total (B)	100%	Total A + B + C

RISK MANAGEMENT		
23. Is incoming mail date stamped? If "No", please explain why not:	Yes	No
24. Are verbal binders given? If "Yes", how and when are verbal binders confirmed in writing with the insured and insurer?	Yes	No
25. Are all applications, policies and endorsements checked for accuracy?	Yes	No
26. Is there a procedure for documenting telephone conversations?	Yes	No
27. Are files marked to ensure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes?	Yes	No
28. Is applicant involved in handling any stranger-oriented life insurance policies? If "Yes", please give the percentage of stranger-oriented policies handled:	Yes	No
	%	
29. Do you confirm, in writing, an insured's rejection of increased uninsured motorist or underinsured motorist limits 100% of the time? If "No", why not?	Yes	No
30. Do you confirm to the insured, in writing, all declinations of coverage?	Yes	No
31. How do you monitor the solvency and financial condition of the insurers which you place business and give notice to everyone in the agency of possible insurer financial trouble?		
32. In the past three (5) years, has any carrier (or other risk bearing entity) with which your agency has placed business become insolvent, bankrupt, put into rehabilitation/receivership, or otherwise become unable to meet its duties to insureds? If "Yes", please explain including the name of the entity, dates involved, lines of business placed, and premium involved:	Yes	No

33. Has any contract for this agency been withdrawn by a carrier in the last three (5) years for any reason other than lack of productions? Yes No

If "Yes", please explain:

MANAGING GENERAL AGENTS, UNDERWRITING MANAGERS AND PROGRAM ADMINISTRATORS

34. Does the applicant act as Managing General Agent ("MGA"), Underwriting Manager and/or Program Administrator? Yes No

If "Yes", answer the following questions:

35. Please provide the following information for each organization that the applicant has represented as an MGA, Underwriting Manager or Program Administrator for the last five (5) years.

Insurer	Domicile or Insurer	Number of Years Represented	Annual Premium Volume	Number of Times Audited per Year

36. In the last three (5) years has any audit by an insurer stated that the applicant:

a. Had exceeded its premium cap or underwriting authority Yes No

b. Did not issue the correct policy wording and/or endorsements as mandated by the insurer Yes No

c. If "Yes", to either of the above questions, provide details and actions taken to amend procedures

37. In the last three (3) years, other than minor infractions, were all audits by insurers satisfactory? Yes No

If "No", please provide details.

<p>38. In the last five (5) years has any:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">a. MGA, Underwriting Manager or Program Administrator contract authority been canceled, revoked or terminated?</td> <td style="width: 10%; text-align: center; padding: 5px;">Yes</td> <td style="width: 20%; text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">b. Insurer added any restrictions to the applicant's underwriting or claim handling authority?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> <tr> <td colspan="3" style="padding: 5px;">c. If "Yes", to either of the above questions, please provide details.</td> </tr> </table>			a. MGA, Underwriting Manager or Program Administrator contract authority been canceled, revoked or terminated?	Yes	No	b. Insurer added any restrictions to the applicant's underwriting or claim handling authority?	Yes	No	c. If "Yes", to either of the above questions, please provide details.					
a. MGA, Underwriting Manager or Program Administrator contract authority been canceled, revoked or terminated?	Yes	No												
b. Insurer added any restrictions to the applicant's underwriting or claim handling authority?	Yes	No												
c. If "Yes", to either of the above questions, please provide details.														
<p>39. What is the applicant's maximum authority for the following?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">▪ Binding Risks</td> <td style="width: 10%; text-align: center; padding: 5px;">\$</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">▪ Claims Adjusting/Administration</td> <td style="text-align: center; padding: 5px;">\$</td> <td></td> </tr> <tr> <td style="padding: 5px;">▪ Loss Control</td> <td style="text-align: center; padding: 5px;">\$</td> <td></td> </tr> <tr> <td style="padding: 5px;">▪ Reinsurance Placement</td> <td style="text-align: center; padding: 5px;">\$</td> <td></td> </tr> </table> <p style="padding: 5px;">If "Yes", please provide details.</p>			▪ Binding Risks	\$		▪ Claims Adjusting/Administration	\$		▪ Loss Control	\$		▪ Reinsurance Placement	\$	
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<p>40. Provide the total number of producers the applicant has authority of any kind:</p>														
<p>41. Has the applicant delegated any underwriting, claim handling and/or any other authority to any sub agent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding: 5px;">If "Yes", please provide a detail description.</p> <p style="padding: 5px;">Please provide a copy of the contract with the insurer that authorizes the applicant to delegate authority to other organizations.</p>														

INSURANCE AND LOSS HISTORY				
40. Provide your entity's recent insurance history below.				
	Insurance Company	Limits per Claim/Aggregate	Policy Period (mm/dd/yyyy)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

<p>41. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date (mm/dd/yyyy)? If there is no retroactive date, please check here.</p> <p>If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.</p>			
<p>42. Are you being cancelled or non-renewed by your current professional liability carrier?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", please explain why:</p>			
<p>43. Requested limits:</p> <p style="text-align: center;"> \$100K/\$300K \$250K/\$250K \$500K/\$500K \$1M/\$1M \$2M/\$2M </p> <p style="text-align: center;">Other \$ _____</p> <p>Requested deductible: \$2,500 \$5,000 \$10,000 \$25,000 Other \$ _____</p>			
<p>44. After inquiry with each person as appropriate, in the last five (5) years have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>			
<p>45. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>			
<p>46. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>			

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA,

WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant:
(Must be signed by a Principal, Partner, or Officer of the Firm)

Title:

Applicant's Signature:

Date:

Agent/Broker Name: