

## INSURANCE AGENTS AND BROKERS E&O APPLICATION

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE" BASIS WHICH APPLIES TO CLAIMS WHICH BOTH FIRST ARISE AND ARE REPORTED WHILE THE POLICY IS IN FORCE.

1. Name: \_\_\_\_\_  Individual  
 Partnership  
 Corporation  
 (exactly as shown on license-attach copy of license)
- D/B/A (if applicable): \_\_\_\_\_
2. P. O. Box: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Requested  
 (List additional locations on a separate sheet) Effective Date: \_\_\_\_\_

3. List the following information and identify all owners, partners, officers, directors, and licensees:  
 (attach separate sheet, if necessary)

Name	Residence Address	Date of Birth	Title	Social Security #	Years Ins. Experience

4. Limit of Liability desired: \$ \_\_\_\_\_ each claim/aggregate  
 Deductible: \$ \_\_\_\_\_ each claim
5. License Number (s): \_\_\_\_\_ Date First Licensed: \_\_\_\_\_  
 Date Firm Established: \_\_\_\_\_
6. State Applicant's Annual Premium Volume, Gross Commission and Policy/Broker Fee Income:

	Premiums	Commissions	Policy/Broker Fees
Last 12 Months			
Est. next 12 Months			

7. State the approximate breakdown of total annual volume for each column

**7a Transacting as:**

- Agent..... %
  - Broker..... %
  - Surplus Lines Broker..... %
  - Managing General Agent.. %
  - Underwriting Manager..... %
  - Program Manager..... %
  - Fee Consultant..... %
  - Life-Health Agent/Broker.. %
  - Adjuster..... %
  - Appraiser..... %
  - Financial Planner..... %
  - Reinsurance Broker..... %
  - Other (Explain)..... %
- MUST TOTAL 100%**

**7b Lines of business:**

- Commercial Fire & Inland Marine... %
  - Commercial General/Excess Liab..... %
  - Commercial Auto/Garage/Dealers.... %
  - Professional Liability..... %
  - Workers Comp..... %
  - Ocean Marine..... %
  - Aviation..... %
  - Surety..... %
  - Homeowners/Dwelling Fire..... %
  - Personal Auto..... %
  - Personal Floaters..... %
  - Life/Accident/Health/Group..... %
  - Other (Explain)..... %
- MUST TOTAL 100%**

7c. Business written directly for your own insureds.....%      Business accepted from other agents and brokers.....%

Percentage of business which is direct billed by carriers

Auto \_\_\_\_\_%    Homeowners \_\_\_\_\_%    Commercial \_\_\_\_\_%    Other \_\_\_\_\_%

8a. Name all Companies the applicant represents under direct Agent or Broker Agreements:

Company	Address	Date Appointed	Lines of Business	Volume

8b. List General Agents, MGA's, and Surplus Lines Brokers with whom you place business:

Name	Lines of Business	Companies Used	Volume

8c. State percentage of business written through:

Assigned Risk or State Fund Pools: \_\_\_\_\_%      Risk Purchasing Groups: \_\_\_\_\_%  
 Risk Retention Groups: \_\_\_\_\_%      Alien Non-Admitted Carriers: \_\_\_\_\_%

9. Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?  Yes  No If yes, explain: \_\_\_\_\_

10. Name all companies for which the applicant acts as G.A., Managing General Agent, or Underwriting Manager: \_\_\_\_\_

11. Specify the maximum limit(s) the applicant is authorized to bind:

	AMOUNT		AMOUNT
Fire.....\$	_____	Auto Physical Damage.....\$	_____
General Liability...\$	_____	Homeowners.....\$	_____
Auto Liability.....\$	_____	Excess Liability.....\$	_____

12a. Does agency specialize in writing any class of risk (Example: Auto Dealers, Contractors, etc.)?  
 Yes  No If yes, what class: \_\_\_\_\_

12b. How long writing this class \_\_\_\_\_ years?

12c. Percentage of Agency's Volume \_\_\_\_\_%

12d. What Markets used: \_\_\_\_\_

<b>13a. NUMBER OF STAFF</b>	<b>FULL TIME</b>	<b>PART TIME</b>
Principals	_____	_____
Agents/Brokers/Solicitors	_____	_____
Service/Raters	_____	_____
Accounting/Bookkeeping	_____	_____
Clerical/Filing	_____	_____
Independent Contractors	_____	_____
Do you want coverage for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Explain)	_____	_____
<b>TOTAL</b>	_____	_____

13b. Do persons responsible for the transaction of insurance speak and write English?  Yes  No

What other languages are spoken in your office or with your clients? \_\_\_\_\_

14a. Does the agency utilize any form of computer or automation system?  Yes  No

14b. What type:  In House  Batch  Manual  Other-Explain \_\_\_\_\_

14c. Name of Automation Vendor: \_\_\_\_\_

14d. Name of Software System and Program: \_\_\_\_\_

14e. Version: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

14f.  Hardware  Batch  Multi-user Number of Stations: \_\_\_\_\_

**PLEASE INDICATE FUNCTIONS PERFORMED:**

- |                                             |                                                |                                        |
|---------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Claims                | <input type="checkbox"/> Renewal Lists |
| <input type="checkbox"/> Rating             | <input type="checkbox"/> MVR's                 | <input type="checkbox"/> Applications  |
| <input type="checkbox"/> Policy Information | <input type="checkbox"/> Policy Issuance       | <input type="checkbox"/> Financing     |
| <input type="checkbox"/> Word Processing    | <input type="checkbox"/> Other (Explain) _____ |                                        |

15. List all State approved or Professional Association sponsored insurance continuing education courses or seminars attended by agency Principal and Licensees during the past 12 months.

\_\_\_\_\_

16. List all Professional Liability, "E&O" or Legal Expense insurance carried during the past 5 years. If none, state "NONE".

Insurance Company	Limits	Deductible	Premium	Inception Month/Day/Year	Expiration Month/Day/Year	Claims	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

16b. Retroactive Date of current policy: \_\_\_\_\_

17. Is the principal/principals active in the business?  Yes  No

18. Does the agency maintain a binder log?  Yes  No

19. Does the agency use "Power of Attorney" to represent the insured?  Yes  No

20. Is all incoming mail date stamped?  Yes  No

21. Have any claim or suits been made during the past five years against the applicant or any of its predecessors in business. Or any of the past or present partners, directors, officers, solicitors or employees?  Yes  No  
If yes, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments and open reserves.)
22. Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors, or employees?  Yes  No (If "Yes", attach explanation)
23. Has any application fro insurance on behalf of the applicant or any of its predecessors in business been declined or cancelled, or renewal of such insurance been refused?  Yes  No (If "Yes", explain)
24. Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any State licensing agency or other regulatory board?  Yes  No (If "Yes", attach explanation)
25. Indicate all Insurance Professional Associations of which you are a member:  IIAA  PIA  American Agents Alliance  WAIB  AAMGA  NAPSLO  Other \_\_\_\_\_
26. The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.
27. The applicant accepts notice that any policy issued will: (1) Only apply on a "claims made" basis and that the deductible will apply to loss payment and (whether or not loss payment is made) to claims expense, as those terms are defined in the Policy; (2) Not insure against damages resulting from any claim or claim expense as that tem is defined in the Policy, alleged to have occurred prior to the inception Date of the policy unless the Underwriter shall agree to insure damages resulting from claim or claim expense alleged to have occurred prior to the inception Dated but after an agreed upon Retroactive Date, and:

**THE LIMITS OF LIABILITY STATED IN THE POLICY INCLUDE THE COSTS OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE UNDERWRITERS SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIBAILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

The applicant hereby authorizes the Underwriters, and/or their representatives by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any source including consumer credit information, which the Underwriters deem important in the underwriting of the insurance applied for by this application.

It is agreed that the signature to this form does not bind the Underwriters nor the applicant to complete this insurance.

Name of Applicant \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner, or President

\_\_\_\_\_  
Title

**RESUME**

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

**Address:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Title:** \_\_\_\_\_

**INSURANCE EXPERIENCE** \_\_\_\_\_

**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

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**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

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**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

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**INSURANCE EDUCATION** \_\_\_\_\_

**Insurance Courses/Classes** \_\_\_\_\_

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**Insurance Licenses/Designations** \_\_\_\_\_

**Date Licensed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

