

AGENCY INFORMATION:

Agent / Agency Name: _____ Date Agency Established: _____
 Address: _____ Number of Locations: _____
 City/ State / Zip: _____ Phone: _____
 Contact Name: _____ Cell: _____
 Number of years of agency under current ownership(s): _____ Fax: _____
 If under 3 years – describe experience: _____ Email: _____
 Staff Size* Full Time # _____ Part Time # _____ Website: www. _____

* Include ALL agency principals, producers, support staff, 1099's, licensed and unlicensed employees. Over 20 hours/week is considered full-time.

INCOME RELATED:

P&C Premium Volume \$ _____
 P&C Commissions \$ _____
 L&H Commissions \$ _____
 Other Ins Related Income \$ _____

Percent of Revenues/Income:

Retail Agency _____ %
 Wholesale Agency _____ %
 Surplus Lines Agency _____ %
 Managing General Agency/UW _____ %
 Total 100 %

Percent of Policies:

Admitted _____ %
 Non-Admitted _____ %
 Total 100 %

Percent of accounts that are direct billed: _____ %
 What % of your business is placed **THRU** other agents and/or brokers? _____ %
 What % of your business is accepted **FROM** other agents and/or brokers? _____ %

BUSINESS PLACED:

Personal Lines _____ %
 Commercial Lines _____ %
 Life/Acc/Health _____ %
 Total 100%

P&C Product Mix:

Standard Auto (Comm/Pers) _____ %
 Non-Standard Auto (Pers) _____ %
 Non-Standard Auto (Comm) _____ %
 Standard Homeowners _____ %
 Non-Standard Homeowners _____ %
 Standard Commercial Fire _____ %
 Non-Standard Commercial Fire _____ %
 Workers Compensation _____ %
 BOP/Package _____ %
 Commercial General Liab _____ %
 Other _____ %
 Total 100 %

Life/Accident/Health Product Mix:

Fixed Life Ins (Indiv/Group) _____ %
 Group Accident/Health _____ %
 Individual Accident/Health _____ %
 Long-term Care Ins _____ %
 Mutual Funds _____ %
 Variable Life Ins/Annuities _____ %
 Securities _____ %
 Other Life/Acc/Health _____ %
 Total 100 %

OTHER INFORMATION:

In the past 5 years, has the Agent/Agency or any other insured applying for coverage been:

The subject of disciplinary action by formal body? Yes No
 Had coverage either cancelled or non-renewed? Yes No
 Had employees or management convicted of a felony? Yes No
 Had any E&O claims made against them? Yes No

Loss Control:

Date of last E&O Loss Prevention Seminar attended (mm/dd/yy) _____
 # of staff attended _____
 # of staff with Recognized Designations (CIC, CISR, CPCU etc.) _____

Number of E&O claims/incidents in the past 5 years? _____
 Incurred \$ value of those claims? _____

CURRENT E&O COVERAGE:

Carrier _____ Expiration Date ____/____/____ Retro-Active Date ____/____/____ Premium \$ _____ (required)
 Limits: \$ _____ Per Claim \$ _____ Aggregate
 Deductible: \$ _____ Per Claim \$ _____ Aggregate
 Deductible Type: Loss Only or Loss & Litigation (check one)

Signature: _____ Date: _____

All fields are required to be completed in order to obtain a **non-binding premium indication**.