

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:		Percent of Revenues/Income:		Percent of Policies:	
P&C Premium Volume	\$ _____	Retail Agency	_____ %	Admitted	_____ %
P&C Commissions	\$ _____	Wholesale Agency	_____ %	Non-Admitted	_____ %
L&H Commissions	\$ _____	Surplus Lines Agency	_____ %	Total	100 %
Other Ins Related Income	\$ _____	Managing General Agency/UW	_____ %		
		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:	P&C Product Mix:	Life/Accident/Health Product Mix:
Personal Lines _____ %	Standard Auto (Comm/Pers) _____ %	Fixed Life Ins (Indiv/Group) _____ %
Commercial Lines _____ %	Non-Standard Auto (Pers) _____ %	Group Accident/Health _____ %
Life/Acc/Health _____ %	Non-Standard Auto (Comm) _____ %	Individual Accident/Health _____ %
Total 100%	Standard Homeowners _____ %	Long-term Care Ins _____ %
	Non-Standard Homeowners _____ %	Mutual Funds _____ %
	Standard Commercial Fire _____ %	Variable Life Ins/Annuities _____ %
	Non-Standard Commercial Fire _____ %	Securities _____ %
	Workers Compensation _____ %	Other Life/Acc/Health _____ %
	BOP/Package _____ %	Total 100 %
	Commercial General Liab _____ %	
	Other _____ %	
	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

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

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.) _____

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) How did you hear about the PIA: _____

Signature: _____ Date: _____

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