



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: _____

Year 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%