

## INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION:

1. Legal name of the agency who is the primary applicant and will be the first named insured listed on the policy: \_\_\_\_\_  
\_\_\_\_\_
2. Please list any names of other entities that you own or manage or that you do business under: \_\_\_\_\_  
\_\_\_\_\_
3. Primary location address: \_\_\_\_\_
4. County of primary location: \_\_\_\_\_ Date business originally established: \_\_\_\_\_
5. Total number of branches? \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_  
\_\_\_\_\_
6. What is your web-site address? www. \_\_\_\_\_
7. Has the name or ownership of the agency changed or has any other business been purchased, merged or consolidated with the agency within the last 5 years? Yes  No
8. Does any entity own or control your business or does your business own or control any entity? Yes  No
9. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes  No   
For questions 7-9, please fully explain any "yes" response, including the names, dates, and premium volume impact involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please list any associations of which you are a member: \_\_\_\_\_  
\_\_\_\_\_

### AGENCY INFORMATION:

1. Is the agency a cluster "member" or cluster "hub"?  Member  Hub  N/A (If N/A, proceed to question # 2.)
  - a) If a "member", please explain the lines 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: \_\_\_\_\_  
\_\_\_\_\_
  
2. 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)	_____	<b>TOTAL STAFF</b> (including part time)	_____

3. List all firm's owners, officers and licensed employee producers.

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

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				

4. List the 5 insurance companies for whom applicant firm places the most annual premium.

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

5. What percent of your agency's premium volume is placed with carriers having an A.M. 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 A.M. Best rating of B or below, or with companies not currently rated:

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

6. 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:

\_\_\_\_\_

7. Approximate percentage of the total annual volume you do as:

1. Agent	_____%	2. Retailer or Business direct	_____%
Broker	_____%	direct from insureds	_____%
Managing General	_____%	Wholesale or Business	_____%
Surplus Lines Broker	_____%	accepted from other agents	_____%
Consultant (for fee)	_____%	<b>Must Total</b>	<b><u>100%</u></b>
Other (specify)	_____%		
<b>Must Total</b>	<b><u>100%</u></b>		

8. Please categorize your total annual premium volume by line of business:

<b>A</b>	<b>C</b>
%Personal Lines Home/Auto-Standard	:%:Accident, Life & Health-Group
<u>%Subtotal (A)</u>	_____% Accident, Life & Health-Individual
<b>B</b>	_____% Aviation
% Auto-Commercial (except long haul trucking)	_____% Crop
% Bonds	_____% Long Haul or Intermediate Trucking
% Commercial-General Liability	_____% Marine-Ocean or other "wet" marine
% Commercial-Property	_____% Physicians/Hospitals
% Marine-Inland	_____% Professional Liability/D&O
%Personal Lines Home/Auto-Sub-Standard	_____% Other (explain)
Workers Compensation	_____
<u>% Subtotal (B)</u>	<u>Subtotal (C)</u>
	<u>100%</u> Total A + B + C

**RISK MANAGEMENT**

1. Is incoming mail date stamped? Yes  No  If "no", please explain why not: \_\_\_\_\_
2. Are verbal binders given? Yes  No  If "yes", how and when are verbal binders confirmed in writing with the insured and insurer? \_\_\_\_\_
3. Is there a procedure for documenting telephone conversations? Yes  No
4. Are all application, policies and endorsements checked for accuracy? Yes  No
5. Are files marked to ensure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes? Yes  No
6. Do you confirm to the Insured, in writing, all declinations of coverage? Yes  No
7. How do you monitor the solvency and financial condition of the insurers with which you place business and give notice to everyone in the agency of possible insurer financial trouble? \_\_\_\_\_
8. In the past 3 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? Yes  No   
If "yes", please explain including the name of the entity, dates involved, lines of business placed, and premium volume involved: \_\_\_\_\_
9. Has any contract for this agency been withdrawn by a carrier in the last 3 years for any reason other than lack of production? Yes  No   
If "yes", please explain: \_\_\_\_\_

**MANAGING GENERAL AGENTS, UNDERWRITING MANAGERS AND PROGRAM ADMINISTRATORS**

8. Does the Applicant act as Managing General Agent ("MGA"), Underwriting Manager and/or Program Administrator?..... Yes  No   
 If **Yes**, answer the following questions.

9. Provide the following information for each organization that the Applicant has represented as an MGA, Underwriting Manager or Program Administrator for the last five years.

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

10. In the last three 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. \_\_\_\_\_

11. In the last three years, other than minor infractions, were all audits by insurers satisfactory? Yes  No   
 If No, provide details. \_\_\_\_\_

12. In the last five years has any:  
 (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, provide details. \_\_\_\_\_

13. (a) What is the Applicant's maximum authority for the following:  
 Binding Risks \$ \_\_\_\_\_  
 Claims Adjusting/Administration \$ \_\_\_\_\_  
 Loss Control \$ \_\_\_\_\_  
 Reinsurance Placement \$ \_\_\_\_\_  
 (b) Does the Applicant have authority for any insurer other than stated in IV.2. herein above? Yes  No   
 (i) If Yes, provide details. \_\_\_\_\_

(c) Total number of insurers for which the Applicant has authority of any kind: \_\_\_\_\_

14. (a) Provide the total number of producers that the Applicant has appointed as sub agents. \_\_\_\_\_  
 (b) Has the Applicant delegated any underwriting, claim handling and/or any other authority to any sub agent? Yes  No   
 If Yes,  
 (i) Provide a detailed description. \_\_\_\_\_  
 (ii) Provide a copy of the contract with the insurer that authorizes the Applicant to delegate authority to other organizations.

**INSURANCE & LOSS HISTORY**

1. Provide your agency's recent insurance history below.

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

2. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date? (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_\_. If there is no retroactive date please check here. \_\_\_\_\_

**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.**

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes  No

If yes, please explain why: \_\_\_\_\_

4. Requested limits: \_\_\_\$100k/\$300k \_\_\_\$250k/250k \_\_\_\$500k/\$500k \_\_\_\$1m/\$1m \_\_\_\$2m/\$2m  
 \_\_\_ (other) \_\_\_\_\_

Requested deductible: \$2500 \_\_\_\$5000 \_\_\_\$10,000 \_\_\_\$25,000 \_\_\_ Other \$ \_\_\_\_\_

5. 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 partners, officers, directors, solicitors, office brokers or employees, any predecessors in business or against any corporation that any proposed Insured was formerly employed by, associated with or had an interest in? Yes  No  **If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.**

6. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, solicitors, agents, brokers or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? Yes  No   
**If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.**

7. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, solicitors, brokers, agents, or employees been the subject of any state Department of Insurance complaint during the past five (5) years or ever had your insurance license revoked or suspended? Yes  No   
**If "yes", please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the Bureau's decision.**

**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 a 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: \_\_\_\_\_ Title: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**ERRORS & OMISSIONS SUPPLEMENTAL CLAIM APPLICATION**

**INSTRUCTIONS:**

1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. **COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.**
2. If space is insufficient to answer any questions fully, attach a separate sheet.
3. In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved

1. Full name of Applicant: \_\_\_\_\_
2. Full name of Individual(s) or entity involved in the claim: \_\_\_\_\_
3. Additional defendants \_\_\_\_\_
4. Full name of Claimant: \_\_\_\_\_
5. Indicate whether:     CLAIM         SUIT     Incident/Circumstance Only (no claim or suit)
6. Date and location of alleged act, error or omission: \_\_\_\_\_
7. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_
8. What is the status of the claim?         Closed/Settled     Open/Pending     Incident/Circumstance

9. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" is insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_     Trial     Out of Court

10. IF PENDING:

- (a) Claimant's settlement demand? \$ \_\_\_\_\_ Defendant's settlement offer (if any): \$ \_\_\_\_\_
- (b) Insurer's reserve amounts? Loss \$ \_\_\_\_\_ Defense \$ \_\_\_\_\_
- (c) Amounts already spent defending the claim? By you? \$ \_\_\_\_\_ By the insurer? \$ \_\_\_\_\_
- (d) What is your best estimate of the likely settlement amount for this matter? \$ \_\_\_\_\_
- (e) What is your best estimate of the date when you expect this claim to be resolved? \_\_\_\_\_

*Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.*

11. Name(s) of Insurer(s) responding to this claim or incident. \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: \_\_\_\_\_  
 \_\_\_\_\_

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: \_\_\_\_\_  
 \_\_\_\_\_

**I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.**

\_\_\_\_\_  
 Signature of Applicant/Title/Date                      (Must be signed by a Principal, Partner or Officer of the Firm.)