

**INSURANCE AGENTS AND BROKERS
ERRORS & OMISSIONS APPLICATION**

APPLICANT'S INFORMATION:

Legal Name of Entity:			
Business Address:			
County:		Number of Locations:	
Web Address:			
Date Entity Established:		Date Present Ownership Assumed Control:	

INSURANCE HISTORY:

1. Please indicate:

Company	Policy Period	Limits	Deductible	Premium

Retroactive Date (Prior Acts) _____

If requesting prior acts coverage Applicant must provide a current copy of Applicant's insurance declaration page and complete the Prior Acts Coverage Supplement Application.

2. Requested Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
 \$2,000,000/\$2,000,000 Other: \$ _____ / \$ _____

Requested Deductible (Per Claim): \$5,000 \$10,000 \$15,000 Other: _____

3. a. Has any policy for similar insurance on behalf of Applicant or any of Applicant's partners, executive officers or directors, or to Applicant's knowledge, on behalf of the predecessors in business, ever been declined, canceled or renewal refused? Yes No

b. If Yes, please explain: _____

OPERATIONS:

1. List all of Applicant firm's personnel (each individual should be classified in only one category):

Personnel Type	Full Time	Part Time
Owners, officers, partners		
Licensed employee solicitors, brokers, agents		
Licensed CSRs		
Non-licensed CSRs		
Other licensed employees (including clerical)		
Other non-licensed employees (including clerical)		
Exclusive non-employee producers		
Non-exclusive non-employee producers		
Total		

2. a. Has Applicant ever had any association with a cluster or franchise business? Yes No
 b. If Yes, please explain: _____

3. a. Does Applicant, or any of Applicant's principals own, control or act as director or officer of any other insurer, reinsurer or other insurance-related entity? Yes No
 b. If Yes, please identify entity and relationship: _____

4. a. During the past five years, has Applicant's name been changed or has any other business purchased, merged or consolidated with the Applicant? Yes No
 b. If Yes, give dates, names, premium volumes and details: _____

5. List the five insurance companies for whom Applicant places the most annual premium:

Complete Name of Insurance Company	Years Affiliated	Annual Premium Volume	A.M. Best Rating
		\$	
		\$	
		\$	
		\$	
		\$	

6. List all insurance companies and volume of business Applicant placed with companies having an A.M. Best rating of B+ or below, or with companies not currently rated:

Insurance Company	Volume
	\$
	\$
	\$
	\$
	\$

7. List the following information for the top five MGAs, brokers or intermediaries with whom Applicant does business:

Complete Name of Entity	Volume
	\$
	\$
	\$
	\$
	\$

8. What percentage of Applicant's total income comes from:

Insurance:	_____	%
Premium Financing:	_____	%
Mutual Funds:	_____	%
Other – specify:	_____	%

Annuities:		
Fixed:	_____	%
Variable:	_____	%
Total:		%

Note: Total for all categories must equal 100%.

9. Indicate the approximate percentage of the total annual volume Applicant does as:

Agent/Broker/Retailer:	_____ %
Surplus Lines Broker/Wholesaler:	_____ %
MGA/MGU/Program Administrator*:	_____ %
TPA:	_____ %
HR Services:	_____ %

Reinsurance Intermediary:	_____ %
Consultant (for fee):	_____ %
Loss Control Engineer:	_____ %
Other – specify:	_____ %
Total	_____ %

Note: Total for all categories must equal 100%.

* A supplemental application must be completed for any premium volume as MGA/MGU/Program Administrator.

Retailer/business direct from insureds:	_____ %
Wholesale/business accepted from other agents:	_____ %
Total	_____ %

Note: Total for all categories must equal 100%

10. Indicate percentage of total annual premium volume:

PERSONAL LINES		COMMERCIAL LINES	
Auto (Standard)		Property (Standard)	
Auto (Non-standard)/Motorcycles		Property (Non-standard)	
Homeowners		SMP/BOP/Package	
Non-Standard Property		General Liability	
Pleasure Boats/Craft		Umbrella/Excess	
Umbrella		Auto (Standard)	
Other (Describe):		Auto (Non-standard)	
LIFE, ACCIDENT & HEALTH		Long Haul Trucking	
Individual Life		Workers Compensation	
Group Life		Livestock	
Individual Accident & Health		Crop	
Group Accident & Health		Medical Malpractice	
Fixed Annuities		Professional Liability	
Variable Annuities		Inland Marine	
Mutual Funds		Wet Marine	
Securities		Bonds - Surety	
Other (Describe):		Bonds - All Other	
		Aviation	
		Other (Describe):	
TOTAL OF ALL LINES OF BUSINESS SHOULD EQUAL 100%			

11. Indicate annual premium and commission volume :

Premium Volume - P&C	
Two Years Prior:	\$ _____
One Year Prior:	\$ _____
Current Year:	\$ _____
Next Year:	\$ _____

Premium Volume - Life, Accident & Health	
Two Years Prior:	\$ _____
One Year Prior:	\$ _____
Current Year:	\$ _____
Next Year:	\$ _____

Commissions - P&C		
Actual last fiscal year:	\$ _____	through _____ / ____ / ____
Estimated next fiscal year:	\$ _____	through _____ / ____ / ____

Commissions - Life, Accident & Health		
Actual last fiscal year:	\$ _____	through _____ / ____ / ____
Estimated next fiscal year:	\$ _____	through _____ / ____ / ____

RISK MANAGEMENT:

- 1. Does Applicant utilize a computerized production and accounting system? Yes No
- 2. Is incoming mail date stamped? Yes No
- 3. a. Are verbal binders given? Yes No
b. If Yes, please explain: _____

- 4. Is there a procedure for documenting telephone conversations? Yes No
- 5. Is a policy expiration list maintained? Yes No
- 6. Does Applicant have a diary/suspense/notification/calendaring system? Yes No
- 7. Are all application, policies and endorsements checked for accuracy? Yes No
- 8. Are files marked to ensure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes? Yes No
- 9. Does Applicant check all notices of cancellation to assure compliance with policy cancellation conditions and statutory requirements? Yes No
- 10. Does Applicant confirm to the Insured, in writing, all declinations of coverage? Yes No
- 11. Is there a back-up procedure for when Applicant's personnel are away from the office? Yes No
- 12. Does Applicant identify for special handling all monies due Assigned Risk or other pool plans? Yes No
- 13. a. Does Applicant offer flood coverage? Yes No
b. If Applicant's insured rejects flood coverage, are they required to sign a statement to that effect? Yes No
- 14. Does Applicant conduct credit checks or other investigation of new clients? Yes No
- 15. Are credit and other investigations made in compliance with the provisions of the Fair Credit Reporting Act? Yes No
- 16. Does Applicant have an office manual? Yes No
- 17. Does Applicant have a specific orientation program for new employees? Yes No
- 18. a. Do staff members keep informed of changes in legislation, regulations and procedures that might affect Applicant's entity, clients or their insurance carriers? Yes No
b. If No, please explain: _____

- 19. Does Applicant monitor the solvency and financial condition of the insurers with which Applicant places business and give notice to agency staff of possible insurer financial trouble? Yes No
- 20. State how long records are retained: _____
- 21. Does Applicant have a procedure to provide information to Insureds whose coverage has changed from occurrence to claims made and from claims made to occurrence? Yes No
- 22. Does Applicant have a procedure to verify that its principals are appropriately licensed in all states in which it is doing business? Yes No

LOSS HISTORY:

- 1. a. Have any claims been made during the past five years against Applicant, or any of Applicant's 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
b. If Yes, how many? _____
c. If Yes, complete a separate Supplemental Claim Form for each claim or suit.
d. Please attach copies of currently valued loss runs from prior carriers.

2. Is Applicant, or any of Applicant's partners, officers, directors, solicitors, office brokers or employees, aware of any circumstances or any allegations or contentions of any incident which may result in a claim against Applicant, Applicant's predecessors in business or any past or present partner, officer, director, solicitor, office broker or employee? Yes No
3. a. Has any principal, solicitor or employee ever had his/her license suspended or revoked or been investigated or disciplined by a state insurance department? Yes No
- b. If Yes, attach a detailed description.

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or state ment of cl aim containing any materially false information, or con ceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature

Date

Title