

## INSURANCE AGENT'S E&O QUOTE REQUEST

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date Agency Est: \_\_\_\_\_

Changes in ownership the past 3 years: <input type="checkbox"/> No <input type="checkbox"/> Yes	Percent of volume placed w/unrated carriers or carriers rated below B+: _____%
Fines/disciplinary actions the past 5 years: <input type="checkbox"/> No <input type="checkbox"/> Yes	Minimum financial standard you require for your carriers: _____
Mergers/acquisitions the past 3 years: <input type="checkbox"/> No <input type="checkbox"/> Yes	Percent of business direct billed by your carriers: _____%
E&O claims the past 5 years: <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the agency have written procedures to be used by all staff: <input type="checkbox"/> No <input type="checkbox"/> Yes

**Total Annual Volume and Commission:**

Annual Premium Volume	P&C Premium Volume	P&C Commissions	Life & Health Commissions
Last 12 Months	\$	\$	\$
Next 12 Months	\$	\$	\$

Do you receive income from any additional services?  No  Yes (If yes, please explain)

**Market Breakdown** (provide the dollar amount or percent of total volume – must total 100%):

Personal Lines	\$ or %	Life, Accident & Health (cont'd)	\$ or %	Commercial Lines (cont'd)	\$ or %
Auto (standard)		Group Accident & Health		Gen Liab & Property (non-BOP)	
Auto (non-standard)		Pension Plans		Workers' Compensation	
Homeowners/Umbrella		Mutual Funds		Bonds	
Personal Marine		Annuities		Aviation	
<b>Life, Accident &amp; Health</b>		<b>Commercial Lines</b>		Ocean Marine	
Individual Life		Auto (other than long haul trucking)		Inland Marine	
Individual Accident & Health		Trucking (single owner/operator)		Prof Liability/Med Malpractice	
Group Life		Trucking (fleet)		Crop	
Group Health		Business Owner's Property		Other (describe)	

**Business Placement** (must total 100%):

Directly with <b>admitted P&amp;C</b> carriers or <b>their MGAs</b> (not brokered): _____%	With <b>admitted Life/A&amp;H</b> carriers or their <b>GAs</b> : _____%
Brokered to <b>admitted P&amp;C</b> carriers <b>through others</b> (wholesalers): _____%	Directly or through a broker with <b>non-admitted</b> carriers: _____%
As an <b>MGA or underwriter</b> , not through an MGA but "as" an MGA: _____%	Directly or through a broker with <b>risk assuming entities</b> other than insurance carrier(s): _____%

**Top 3 Insurance Carriers Represented:**

Carrier Name	% of Volume Placed	# Years	Lines Placed

**Agency Staffing:**

Type	Licensed	Unlicensed	Full-Time	Part-Time	# Attending E&O Risk Mgmt.	# w/Designations
# Owners, Partners, Principals						
# All Other, Excluding Above						

**Current E&O Policy Details:**

Carrier Name	Limits	Deductible	Retro Date	Expiration
	\$	\$		