

## INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION:

LEGAL NAME OF AGENCY:			
BUSINESS ADDRESS:			
COUNTY:			
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise Member of Agents/Brokers Associations: <input type="checkbox"/> PIA <input type="checkbox"/> NAPSLO <input type="checkbox"/> AAMGA <input type="checkbox"/> IIAA			

### INSURANCE HISTORY:

1. Current Insurer: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_  
 Is Current Carrier willing to renew?  Yes  No Current limits: \$ \_\_\_\_\_  
 Retroactive Date (Prior Acts): \_\_\_\_\_ (Please attach copy of Declaration Page)

2. Requested Limits:  \$100,000/\$300,000     \$500,000/\$500,000     Other: \_\_\_\_\_  
 \$300,000/\$600,000     \$1,000,000/\$1,000,000  
 Requested Deductible (Per Claim):  \$2,500     \$5,000     \$10,000

3. A. 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): \_\_\_\_\_ **TOTAL STAFF** (including part time): \_\_\_\_\_

B. Do you want an optional quote to provide you coverage for placing coverage with a B+ rated carrier or better that later becomes insolvent?  Yes  No

C. Do you want an optional quote to provide coverage for independent contractors acting as solicitors on your behalf?  Yes  No

4. For Managing General Agents and Administrators of Insured Programs:

A. List all companies for whom you are Managing General Agency or Program Administrator or have binding authority.

Company	Lines of Insurance	Number of Years	Premium Volume	Loss Ratio		
				Each of Last Three Years		
				%	%	%
				%	%	%
				%	%	%

B. Producers:

1. Number from whom you receive business: \_\_\_\_\_
2. Number that you have appointed as agents with binding authority: \_\_\_\_\_  
 Premium Volume: \$ \_\_\_\_\_
3. Lines of business for which they are granted authority: \_\_\_\_\_
4. What supervision do you exercise over them? \_\_\_\_\_

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

- C. List all other companies for which you have been Managing General Agent or Program Administrator or agent with binding authority in the past five years:

\_\_\_\_\_

- D. List all functions you perform as Managing General Agent or Program Administrator or agent with binding authority, including rating, quoting, claims handling, policy issuance, etc.:

\_\_\_\_\_

- E. Specify the maximum limit and claim handling authority for each carrier with which you have binding authority:

	<b>Limits</b>	<b>Carriers</b>	<b>Claim Handling Authority</b>
Marine/Island			
Marine/Wet			
Property			
Casualty			
Aviation			
Life/Accident			
Medical			

5. Has the applicant ever had any association with a cluster or franchise business? \_\_\_\_\_

A. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Does the applicant offer flood coverage? \_\_\_\_\_

A. If your insured rejects flood coverage are they required to sign a statement to that effect? \_\_\_\_\_

\_\_\_\_\_

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

<b>Name</b>	<b>Position/Title</b>	<b>Professional Designations</b>	<b># of Years Licensed</b>	<b># of Years with Applicant</b>

8. A. Number of branches: \_\_\_\_\_

B. Please attach list of each branch location.

9. A. Do you or any of your 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: \_\_\_\_\_

\_\_\_\_\_

- C. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you?  Yes  No

If yes, give dates, names, premium volumes and details: \_\_\_\_\_

\_\_\_\_\_

10. List the five insurance companies for whom applicant firm places the most annual premium:



Other personal lines written \_\_\_\_\_  
 By line: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_ **Volume:** \_\_\_\_\_ %

**C. Commercial Lines**

General Liability: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Worker's Compensation: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Commercial Auto: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Commercial Multi-Peril: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Other Commercial Property: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Inland Marine: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Wet Marine\*: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Bonds – Surety: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Bonds – All Other: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Aviation\*: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Long Haul Trucking: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Umbrella/Excess: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Physicians & Hospital Professional Liability: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Other Professional Liability/D&O: \$ \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 Other (specify): \_\_\_\_\_  
 \_\_\_\_\_ Volume: \_\_\_\_\_ %  
 \_\_\_\_\_ Volume: \_\_\_\_\_ %  
**Total:** \$ \_\_\_\_\_ **Volume** \_\_\_\_\_ %

\*If 20% or more of agency's volume is wet marine or aviation, a supplemental application must be completed

**D. Premium Volume:**

	<u>Year</u>	<u>Premium</u>
Two Years Prior:	_____	\$ _____
One Year Prior:	_____	\$ _____
Current Year:	_____	\$ _____
Next Year:	_____	\$ _____

**E. Commission:**

Actual last fiscal year: \$ \_\_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Estimated next fiscal year: \$ \_\_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

F. Premium written under your surplus lines license: \$ \_\_\_\_\_

G. Number of policies: Next 12 Months \_\_\_\_\_ Current 12 Months \_\_\_\_\_

15. What volume of total annual premium for the agency is currently placed with:

- A. Lloyd's of London: \$ \_\_\_\_\_
- B. Other foreign insurers: \$ \_\_\_\_\_
- C. Please list foreign insurers and brokers below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. List sub-agents, independent contractors or office brokers (individuals paid on a commission only basis) to be NAMED as Limited Additional Insureds, and **annual premium volume** for each:

Name	Premium Volume
	\$
	\$
	\$

17. A. Does the firm utilize a computerized production and accounting system?  Yes  No
- B. Is the firm on-line with any carrier?  Yes  No  
 If yes, please list: \_\_\_\_\_
- C. Is the firm using the Internet?  Yes  No  
 Does the firm have a Home Page and/or website?  Yes  No  
 If yes, indicate website address: www. \_\_\_\_\_  
 If yes, is it used for marketing?  Yes  No  
 If yes, is it used for sales?  Yes  No  
 If yes, are applications completed/submitted through the Internet?  Yes  No
- D. Is incoming mail date stamped?  Yes  No
- E. Please describe procedures for handling incoming mail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. Are verbal binders given?  Yes  No  
 If yes, how and when are verbal binders confirmed in writing? \_\_\_\_\_  
 \_\_\_\_\_  
 How and when is the company notified? \_\_\_\_\_  
 \_\_\_\_\_
- G. Are copies of the binders mailed to the insured?  Yes  No
- H. Is there a procedure for documenting telephone conversations?  Yes  No
- I. Is a policy expiration list maintained?  Yes  No
- J. Are all application, policies and endorsements checked for accuracy?  Yes  No
- K. Are files marked to ensure certificate holders, regulatory agencies, etc., are notified of cancellation or material changes?  Yes  No
- L. Do you check all notices of cancellation to assure compliance with policy cancellation conditions and statutory requirements?  Yes  No
- M. Is there a back-up procedure for when the firm's personnel are away from the office?  Yes  No
- N. Does the firm have a diary/suspense system?  Yes  No  
 If yes, please attach a detailed description of your diary system.
- O. Does the firm have an office manual?  Yes  No
- P. Does the firm have a specific orientation program for new employees?  Yes  No
- Q. Do you confirm to the Insured, in writing, all declinations of coverage?  Yes  No
- R. Do you identify for special handling all monies due Assigned Risk or other pool plans?  Yes  No
- S. Do you conduct credit checks or other investigation of new clients?  Yes  No
- T. Are credit and other investigations made in compliance with the provisions of the Fair Credit Reporting Act?  Yes  No
- U. How are staff members kept informed of changes in legislation, regulations and procedures that might affect your firm, clients or their insurance carriers?  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_
- V. 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?

\_\_\_\_\_

W. State how long records are retained: \_\_\_\_\_

X. What, if any, in-house training do you do? \_\_\_\_\_

Y. Do you encourage employees, through incentives, to take outside training courses such as IIA, CPCU, LOMA, etc.?  Yes  No

Z. Do you 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

AA. 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  
If yes, attach a detailed description.

BB. Does the agency have a procedure to verify that its principles are appropriately licensed in all states in which it is doing business?  Yes  No

18. A. Has any application for similar insurance on behalf of you or any of your partners, executive officers or directors, or to your knowledge, on behalf of the predecessors in business, ever been declined, canceled or renewal refused?  Yes  No  
If yes, please explain: \_\_\_\_\_

B. Have any claims been made during the past five years against you, 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 attach a statement giving complete details and status of each claim including dates, basis of claim, amounts, deductibles, payments, open reserves.

C. Are you, or any of your 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 you, your predecessors in business or any past or present partner, officer, director, solicitor, office broker or employee?  Yes  No

\* 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 conceals 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

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Title