



Beyond Security

Insurance Agents and Brokers
Errors & Omissions Insurance Application
(Claims-Made and Reported Policy Form)

Please Submit a Copy of All Letterhead

I. GENERAL INFORMATION

1. Complete Name of Applicant:
Principal Business Address:
City: State: Zip: County:
Contact Person: Phone: Fax:
Website Address(es): E-Mail Address:

2. Date applicant firm was established: (If Less Than 3 Years, Attach Resume for Each Principal)

3. Applicant's Organization Type: Individual Partnership Corporation LLC Other

4. a. Does applicant have additional locations operating under the same name indicated in 1. above? Yes No

i) If yes, please provide additional location address(es)

ii) Purpose/specialization and gross revenue derived from each additional location:

- b. Is the agency, in whole or in part, owned, controlled by or associated with any other business?
c. Has the name or ownership of the agency changed in the past five years?
d. Does the agency anticipate any changes in name or ownership within the next year?
e. Has the agency acquired, merged with or purchased any other agency within the past five years?
f. Does the agency have any mergers or acquisitions planned or in progress?
g. Has the agency participated in a cluster/alliance arrangement within the past five years?
h. Does the agency or any agent provide services under any other business name?
i. Does the agency or any agent hold a position or have vested interest in any Broker/ Dealer organization or insurance company?

If "Yes" to any of questions 4(b-i) above, please complete applicable sections of the Additional Entity Supplement.

II. PERSONNEL/LICENSURE

1. Please list all owners, officers and licensed agents below. **(Attach separate sheet if necessary)**

Name	Position Held (see below)	If non-employee producer: Does the agency have a written contract with this producer?	Type of License(s) held (see below)	List all states where license held	Date first license issued?	Indicate (P) Part Time * or (F) Full-Time	Number of Years with Applicant	Insurance Designations held (CPCU, CLU, etc.)

Position Held: O=Owner OF=Officer (no ownership) E=Employed Licensed Agent
 EP=Exclusive Non-Employee Producer NP=Non-Exclusive Non-Employee Producer
Type of License Held: P=Property & Casualty L=Life A&H SL=Surplus Lines F=Financial Products
 (Indicate all NASD License Series Numbers held.)

* "Part Time" is defined as a person working less than 20 hours per week.

- | | | |
|--|-----------|-------------|
| | Full Time | Part Time * |
|--|-----------|-------------|
2. a. Number of Customer Service Representatives/Support Staff: _____
- b. Number of Other employees (not included in question 1 or 2a above): _____
- c. Describe responsibilities of the "other" employees: _____
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- d. What percentage of agency personnel has attended a risk management seminar within the past two years? _____ %
- e. Association Membership: IIABA PIA PLUS Other: _____

III. PREMIUM VOLUME/COMMISSION

1. Estimate for the:

	Previous 12 Months	Current 12 Months	Next 12 Months
Total P&C Gross Premiums written annually:			
Total gross annual P&C Commissions:			
Total gross annual Life Commissions:			
Total gross annual A&H Commissions:			
Total:			

2. During the past three years, has the agency received compensation in any form other than commission for the sale of insurance product placed (e.g. production incentives)? Yes No
3. Does the agency have any carrier agreements that provide contingent commissions? Yes No
If "Yes," to questions 2-3 above, please attach explanation.
4. Does the agency fully disclose the commission and any other compensation received by the agency from any carrier at the time quotations are presented? Yes No
 If "Yes," describe policy/procedures: _____
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IV. PRODUCT MIX

1. Please indicate the type and percentage of insurance placed. P&C Commercial Lines & P&C Personal Lines must equal 100%. The total for Life/Financial Products + A&H must equal 100%.

P&C Commercial Lines (% based on premium volume)	Current Year (%)	Prior Year (%)
Aviation		
Bonds (other than Surety)		
BOP/CGL/Package		
Commercial Auto		
Commercial Multiperil		
Commercial Property		
Crop Coverage		
Directors & Officers		
Energy/Pollution		
Entertainment		
Flood		
Inland Marine		
Livestock Mortality		
Long Haul Trucking		
Medical Malpractice		
Professional Liability (non-medical)		
Surety Bonds		
Umbrella/Excess		
Wet Marine		
Workers Compensation		
Other:		
Commercial Lines Subtotal:		

P&C Personal Lines (% based on gross commission revenue)	Current Year (%)	Prior Year (%)
Auto-Standard		
Auto-Assigned Risk		
Fire - Standard		
Fire - Assigned Risk		
Farmowners		
Flood		
Homeowners		
Umbrella		
Watercraft		
Other:		
Personal Lines Subtotal:		

P&C Commercial % + Personal % must = 100%

Life Insurance / Financial Products	Current Year (%)	Prior Year (%)
Annuities - Fixed		
Annuities - Variable*		
Individual Life - Variable*		
Individual Life - Fixed*		
Group		
Financial Products*:		
Other:		
LIFE SUBTOTAL:		

Accident & Health (A&H)	Current Year (%)	Prior Year (%)
Group-Carrier Insured		
Group-Self-Insured		
HMO/PPO/DSP		
Individual		
Other:		
A&H Subtotal:		

Life % + A&H % must = 100%

***Supplemental Application Required**

2. Percentage (%) of policies written on a direct bill basis _____ %

3. Please indicate the percentage (%) of P&C business placed:

- As Agent _____ % (Retail business placed directly with insurance companies)
- Through Broker (Not Surplus Lines) _____ % (Admitted business placed through an intermediary)
- Through Broker (Surplus Lines) _____ % (Surplus lines business placed through an intermediary)
- As Wholesaler/Broker (Not Surplus Lines) _____ % (Accepting business from other agents/brokers for placement)
- As Surplus Lines Broker _____ % (Accepting Surplus lines business from other agents/brokers for placement)
- As MGA/MGU/Program Administrator _____ % (Accepting program business from other agent/brokers for placement)
- Other: _____ % Describe: _____
- Total (must =100%)** _____ %

V. INSURANCE PLACEMENTS

1. Please list the agency's top 5 brokers, MGAs or insurance intermediaries by annual premium.

Name of Broker, MGA or Intermediary	Type of Products Placed	Annual Premium (\$)

If "Yes" to questions number 3, 5, or 6 below, please attach details regarding Client, Industry, Services provided and specific products placed.

2. a. Does the agency provide professional services to clients who are domiciled in states other than the applicant's state of domicile? Yes No
- b. Does the agency provide professional services to clients located outside the United States? Yes No
- c. If "Yes" to questions 2 (a-b) above, please provide revenue by state or country for such services:

3. Has the agency placed coverages for risks involved in petroleum or mineral exploration, mining, hazardous waste operations or operations with significant pollution exposures in the last five years? Yes No
4. Does the agency place insurance for any entity (other than the agency) in which the agency or agency personnel have greater than 10% ownership interest or hold a managerial or officer position? Yes No

If "Yes", please complete applicable sections of Additional Entity Supplemental.

5. Does any client represent greater than 15% of the agency's total annual revenue? Yes No
6. Does the agency place coverage for any high-profile clients such as Fortune 500 companies, college or professional sports teams or athletes, or clients in the entertainment industry? Yes No
7. Please list the top five agency-contracted P&C insurers by annual premium:

Name of Insurance Carrier	Years Represented	Annual Premium (\$)	AM Best Rating (Financial Strength/Financial Size)

If the above list of carriers does not represent >80% of P&C premium volume, please attach a list of all P&C carriers.

8. Please list the top five agency-contracted Life and A&H insurers by annual commissions:

Name of Insurance Carrier	Years Represented	Annual Premium (\$)	AM Best Rating (Financial Strength/Financial Size)

If the above list of carriers does not represent >80% of Life A&H gross commission revenue, please attach a list of all Life and A&H carriers.

9. a. In the past five years, has the agency placed any business with any unrated carriers or carriers rated below B+ (V) by A.M. Best? Yes No

If "Yes," please attach a list of all such carriers and premium volume placed with each.

- b. Does the agency have written procedures to follow that require the agency to obtain and retain, prior to placement, the insured's written acknowledgement of a carrier's financial status for any placement with a carrier rated below B+ (V) by A.M. Best? Yes No
10. a. Does the agency have written procedures to follow if a major rating agency downgrades a carrier with whom the agency has placed coverage to below a B+ rating or "secure" status? Yes No
- b. If yes, does the agency use a standardized notification letter advising client of the options available and requesting written direction from the client on action to be taken? Yes No
- c. Does the agency have a procedure in place that requires immediate action upon receipt of such directions and instructions? Yes No
- d. Does the agency have a policy in place requiring retention of all documentation pertaining to questions 10(a-c) above? Yes No

11. Have any of the agency's contracts with insurance carriers been terminated in the past five years? Yes No

If "Yes," please provide details including carrier, date of termination and reason for termination.

12. Does the agency have written procedures in place requiring review of a company's financial status through the applicable state insurance department and the use of AM Best, Standard & Poor's and/or Moody's? Yes No
13. Does the agency have written procedures in place that require obtaining and retaining written disclosure of a company's financial status prior to placement? Yes No
14. Does the agency have written procedures in place that require obtaining and retaining signed waivers from clients if a company's financials are in question? Yes No

Please attach a copy of the agency's written procedures addressed in questions 12-14 above.

VI. OTHER PROFESSIONAL SERVICES

1. In the past three years has the agency provided any services other than the placement of insurance products for a commission? Yes No

If "Yes," please complete Other Services Supplement.

2. In the past three years has any agent within the agency provided services as Investment Advisor or Financial Planning Consultant (other than the sale of mutual funds and/or fixed or variable life and annuities products)? Yes No
3. In the past five years has any agent within the agency had discretionary control over clients' funds or performed any money management services? Yes No
4. In the past five years has the agency placed or otherwise been involved with:

	Yes	No	Annual Premium (\$)	Program Name or Company Name
Captive Management	<input type="checkbox"/>	<input type="checkbox"/>		
Reinsurance	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Insured Captives	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Retention Groups (RRGs) / Risk Purchasing Groups (RPGs)	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Trusts	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Welfare Arrangements	<input type="checkbox"/>	<input type="checkbox"/>		
Off Shore or Alien Companies	<input type="checkbox"/>	<input type="checkbox"/>		

VII. Risk Management Controls/Office Procedures

- 1. Is there an agency procedure for documenting:
 - a. Date incoming mail received? Yes No
 - b. Telephone conversations? Yes No
 - c. Client or Carrier Meetings? Yes No
 - d. Refusal of Recommended Coverage or Limits? Yes No
 - e. Reduction in Coverage or Limits? Yes No
- 2. Expiration / Renewal Lists:
 - a. Does the agency use a computerized expiration list? Yes No
 - b. Is the expiration list maintained and backed up? Yes No
 - c. How many days prior to expiration are renewals started? _____
 - d. Does the agency confirm that all expirations are bound for renewal or confirmed non-renewals? Yes No
- 3.
 - a. Does the agency use a diary, suspense, or follow-up system? Yes No
 - b. If "Yes," is it automated? Yes No
- 4. Does the agency use a coverage checklist or exposure analysis on all accounts? Yes No
- 5. Is there a procedure to periodically review renewal risks for needed changes in coverage? Yes No
- 6. Are all applications, policies and endorsements checked for accuracy before mailing? Yes No
- 7. Are files marked to ensure certificate holders and regulatory agencies are notified of cancellation or material change? Yes No
- 8.
 - a. Does the agency have written procedures for handling Certificates of Insurance (COI)? Yes No
 - b. Does the agency follow published ACORD instructions and procedures for all Certificates of Insurance completed, verify all information represented on the Certificate of Insurance before signing, and send copies of completed Certificates of Insurance to all listed carriers? Yes No
 - c. Are all requests for non-standard or extraneous language on Certificates of Insurance referred to the insurance carrier for review and signature by a carrier employee? Yes No
- 9. Does the agency have a current Office Procedures manual? Yes No
- 10. Does the agency have a documented orientation program or manual for new employees? Yes No

If you have responded "No," to any of the Risk Management Questions above, please attach explanation including details on the procedure you have in place to address this risk management issue.

- 11.
 - a. Has the agency ever had an errors and omissions risk management audit? Yes No
 - b. If "Yes," were all of the recommendations implemented? Yes No
 - c. If "No," please explain: _____
 - d. Please provide name of auditing firm: _____
 - e. Please provide date the audit was conducted: _____

- 12. If the agency writes Excess & Surplus Lines (E&S) business , please complete the following:
Check here if the agency does not place any Excess & Surplus Lines business: N/A
 - a. Does the agency obtain and retain the required number of legitimate written declination letters from carriers before placing business in the E&S market? Yes No
 - b. Does the agency provide a written explanation of the difference between an admitted carrier and a non-admitted carrier whenever you place business with an E&S carrier, and retain such documentation? Yes No

- c. Does the agency ensure and retain documentation that required stampings are present on policies prior to mailing and that required filings are made and taxes are paid for all E&S business? Yes No
13. Are the above policies and procedures followed by all locations disclosed in Section I. GENERAL INFORMATION, question 4a? N/A Yes No

VIII. CLAIMS ACTIVITY AND DISCIPLINARY PROCEDURES

IMPORTANT NOTICE: All known claims and/or potential claim circumstances that could result in an Errors & Omissions claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. Failure to disclose such claim, act, error or omission or circumstance may result in the proposed insurance being void and/or subject to rescission.

1. a. After inquiry of all agency personnel, is there any known circumstance, situation, act, error or omission which could reasonably be expected to result in an errors and omissions claim being made against the agency, its predecessor in business or any past or present producer of the firm? Yes No
- b. Please indicate total number of potential claims: _____
2. a. Have any errors and omissions claims or suits been made against the agency, its predecessor in business or any past or present producer of the firm, within the past five years? Yes No
- b. Please indicate total number of potential claims: _____
3. a. Has the agency ever paid an uninsured loss out of agency funds? Yes No
- b. Please indicate total number of potential claims: _____

If "Yes" to any of questions 1-3 above, the Claim/Disciplinary Supplement is required.

4. Has any past or present agency personnel been the subject of a complaint, investigation or disciplinary action by an insurance or other professional regulatory authority? Yes No
5. Has any past or present agency personnel been convicted of a criminal activity? Yes No

If "Yes" to questions 4-5 above, the Claim/Disciplinary Supplement is required.

IX. INSURANCE HISTORY/COVERAGE REQUESTED

1. Please provide the following on the agency's five years of professional liability insurance. Check here if none
Please Submit Carrier Provided Loss Run Report (past five years), Along With Your Application

Name of Insurance Carrier	Effective Date	Expiration Date	Limit	Deductible Each Claim	Premium Paid (\$)	Policy Retroactive Date

2. Are there any entities specifically excluded on the agency's current policy? Yes No
If "Yes," attach a copy of the endorsement.

3. Requested Retroactive date: _____
If applicant requests prior acts coverage, the agency must submit a copy of the current Declarations Page and copy of prior acts endorsement (endorsement required only if retroactive date is not included on agency's Declarations Page).

4. Has any policy or application for errors and omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, ever been declined, canceled or renewal refused within the past five years? Yes No

If "Yes," please attach full details including the year and reason (claim experience, carrier withdrew from market, agency operations, etc.)

5. Requested Limits: \$ _____ Each Claim \$ _____ Aggregate
6. Requested Deductible: \$2,500 \$5,000 \$7,500 \$10,000 Other \$ _____
7. Please check preferred method of receiving your premium quotation: Fax E-mail Regular Mail:
8. Please check whether you would like your policy e-mailed to the address noted in Section I(1) above, if available: Yes No

NOTICES AND SIGNATURES

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HERIN.

By signing this Application, you represent and agree to each of the following five (5) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your agency is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VIII. of this application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company:

Additional Entity Supplemental Application	Financial Products Supplemental Application
Claim Information Supplemental Application(s)	Other Services Supplemental Application
3. Each of the statements and answers given in this Application, and in each of the applicable Supplemental Applications above, are:
 - a. Accurate, true and complete to the best of your knowledge and no material facts have been suppressed or misstated;
 - b. Representations you are making on behalf of all persons and entities proposed to be insured;
 - c. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

NEW JERSEY FRAUD WARNING: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he 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.

NEW YORK FRAUD WARNING: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

VIRGINIA FRAUD WARNING: 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.

FRAUD WARNING (all other states): Any person who knowingly and with the 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 purposes 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.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature: _____ Date: _____ / ____ / ____

Name: _____ Title: _____
(Please print)

For Insurance Agent Use Only:

Victor O. Schinnerer Agent Code: _____

Name of Agent: _____ Tel #: _____

E-Mail address: _____ Fax #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

License #: _____

Licensed Surplus Lines Broker: Yes No License #: _____