

Personal Lines Insurance Agents and Brokers E&O Application

THIS APPLICATION IS FOR A CLAIMS MADE LIABILITY INSURANCE POLICY.

THE RATES FOR A CLAIMS MADE POLICY ARE GENERALLY LOWER IN THE FIRST FEW YEARS THAT THE CLAIMS MADE POLICY IS IN PLACE COMPARED TO THE RATES FOR AN OCCURRENCE POLICY, BUT YOU SHOULD EXPECT INCREASES IN RATES THE LONGER A CLAIMS MADE POLICY IS IN PLACE.

THERE IS NO COVERAGE FOR INCIDENTS PRIOR TO THE RETROACTIVE DATE, IF ANY.

THERE ARE CIRCUMSTANCES IN WHICH YOU MUST BE PROVIDED THE OPPORTUNITY TO PURCHASE AN EXTENDED REPORTING PERIOD FOR REPORTING CLAIMS. IN THOSE CIRCUMSTANCES, YOU WILL RECEIVE AN AUTOMATIC EXTENDED REPORTING PERIOD OF SIXTY (60) DAYS. YOU MAY ALSO ELECT TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD FOR ONE (1) YEAR, TWO (2) YEARS, THREE (3) YEARS, FIVE (5) YEARS OR FOR AN UNLIMITED PERIOD.

AN ADDITIONAL PREMIUM, BASED UPON THE LENGTH OF THE OPTIONAL EXTENDED REPORTING PERIOD WILL APPLY. EXCEPT FOR THE OPTIONAL EXTENDED REPORTING PERIOD, THERE IS NO COVERAGE FOR CLAIMS REPORTED AFTER THE TERMINATION OF COVERAGE.

IF YOU ELECT NOT TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD AND IF THERE IS A TERMINATION OF COVERAGE, A COVERAGE GAP MAY OCCUR. IF YOU HAVE ANY QUESTIONS REGARDING THE COST OF AN OPTIONAL EXTENDED REPORTING PERIOD OR THE AVAILABLE OPTIONS UNDER THE EXTENDED REPORTING PERIOD, PLEASE CONTACT YOUR INSURANCE AGENT.

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured (This is how the name & address of the Insured will read on the Declarations Page if coverage is Bound.):	
	Name:	
	Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Additional business / dba name(s) you are seeking coverage for:	

FOR THE REMAINDER OF THIS APPLICATION, "**APPLICANT**" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. GENERAL INFORMATION

2.1	Please provide your agency's gross annual commission income for the most recent 12 months (projections only if a start-up):	
	12 month period	Commission Income
	Most recent:	
	Projected next:	
2.2	Please provide the percentage of gross annual premium volume that the Insured derives from the placement of personal lines property and casualty insurance:	%
2.3	Does the insured place any reinsurance or act as a Managing General Agent or Managing General Underwriter for any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. INSURANCE AND LOSS HISTORY

3.1	Are you currently insured for errors & omissions coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes, do you have a retroactive date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes, what is the retroactive date (mm/dd/yyyy)?	
3.4	If yes, please provide details in the table below regarding current insurance company, limits, policy period, and premium.	

Year	Insurance Company	Limits		Policy Period (mm/dd/yyyy)	Annual Premium
		Per Claim	Aggregate		
Current					

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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.

3.5	Are you being cancelled or non-renewed by your current professional liability carrier? If yes, please explain why:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Requested Limits: _____	
3.7	Requested Deductible: _____	
3.8	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes" to 3.8, 3.9 or 3.10 please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

IV. FRAUD WARNING

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.

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation).

Applicant Signature: _____ Title _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Print / Type Applicant Name: _____ Date _____

Agent / Broker Name: _____