

# INSURANCE AGENTS AND BROKERS E & O APPLICATION

*THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE" BASIS WHICH APPLIES ONLY TO CLAIMS WHICH BOTH FIRST ARISE AND ARE REPORTED WHILE THE POLICY IS IN FORCE.*

1. Name: \_\_\_\_\_  Individual  
 Partnership  
 Corporation  
(exactly as shown on license - attach copy of license)

D/B/A (if applicable): \_\_\_\_\_

2. P.O. Box: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
List additional locations on separate sheet, if necessary

Requested Effective Date: \_\_\_\_\_

3. List the following information and identify all owners, partners, officers, directors, and licensees:  
(attach separate sheet, if necessary)

NAME	RESIDENCE ADDRESS	DATE OF BIRTH	TITLE	SOCIAL SECURITY #	YEARS INS. EXPERIENCE

4. Limit of Liability desired: \$ \_\_\_\_\_ each claim/aggregate Deductible: \$ \_\_\_\_\_ each claim.

5. License Number(s): \_\_\_\_\_ Date First Licensed: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_

6. State Applicant's Annual Premium Volume, Gross Commission and Policy / Broker Fee Income:

	Premiums	Commissions	Policy / Broker Fees
Last 12 months: _____	_____	_____	_____
Est. next 12 months: _____	_____	_____	_____

7. State the approximate breakdown of total annual volume for each column

7a. Transacting as:	7b. Lines of Business:
Agent ..... %	Commercial Fire & Inland Marine .... %
Broker ..... %	Commercial General / Excess Liab. ... %
Surplus Lines Broker ..... %	Commercial Auto / Garage / Dealers ... %
Managing General Agent ..... %	Professional Liability ..... %
Underwriting Manager ..... %	Workers Comp ..... %
Program Manager ..... %	Ocean Marine ..... %
Free Consultant ..... %	Aviation ..... %
Life - Health Agent / Broker ..... %	Surety ..... %
Adjuster ..... %	Homeowners / Dwelling Fire ..... %
Appraiser ..... %	Personal Auto ..... %
Financial Planner ..... %	Personal Floaters ..... %
Reinsurance Broker ..... %	Life / Accident / Health / Group .... %
Other (Explain) ..... %	Other (Explain) ..... %
<b>MUST TOTAL</b> <b>100%</b>	<b>MUST TOTAL</b> <b>100%</b>

7c. Business written directly for your own insureds ..... % Business accepted from other agents and brokers ..... %

Percentage of business which is direct billed by carriers

Auto .....% Homeowners .....% Commercial .....% Other .....%

8a. Name all companies the applicant represents under direct Agent or Broker Agreements:

COMPANY	ADDRESS	DATE APPOINTED	LINES OF BUSINESS	VOLUME

8b. List General Agents, MGA's and Surplus Line Brokers with whom you place business:

NAME	LINES OF BUSINESS	COMPANIES USED	VOLUME

8c. State percentage of business written through:

Assigned Risk or State Fund Pools: .....% Risk Purchasing Groups .....%

Risk Retention Groups: .....% Alien Non-Admitted Carriers .....%

9. Have any Companies, General Agents or other markets withdrawn from your agency in the past three years?

Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Name all companies for which the applicant acts as G.A., Managing General Agent or Underwriting

Manager: \_\_\_\_\_

11. Specify the maximum limit(s) the applicant is authorized to bind:

	AMOUNT		AMOUNT
Fire .....	\$ _____	Auto Physical Damage .....	\$ _____
General Liability .....	\$ _____	Homeowners .....	\$ _____
Auto Liability .....	\$ _____	Excess Liability .....	\$ _____

12a. Does agency specialize in writing any class of risk (Examples: Auto Dealers, Contractors, Truckers, etc.)?

Yes  No If yes, what class: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12b. How long writing this class \_\_\_\_\_ years?

12c. Percentage of Agency's Volume \_\_\_\_\_ %.

12d. What Markets used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13a. NUMBER OF STAFF:**

**FULL TIME**

**PART TIME**

Principals \_\_\_\_\_

Agents / Brokers / Solicitor (Not listed as principals) \_\_\_\_\_

Service / Raters \_\_\_\_\_

Accounting / Bookkeeping \_\_\_\_\_

Clerical / Filing \_\_\_\_\_

Independent Contractors (Not salaried Employees) \_\_\_\_\_

Do you want coverage for them?  Yes  No

Other (Explain) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**13b.** Do persons responsible for the transaction of insurance speak and write English?  Yes  No

What other languages are spoken in your office or with your clients? \_\_\_\_\_

**14a.** Does the agency utilize any form of computer or automation system?  Yes  No

**14b.** What type:  In House  Batch  Manual  Other - Explain: \_\_\_\_\_

**14c.** Name the Automation Vendor: \_\_\_\_\_

**14d.** Name of Software System and Program: \_\_\_\_\_

**14e.** Version \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**14f.**  Hardware  Batch  Multi-User Number of Stations: \_\_\_\_\_

**PLEASE INDICATE FUNCTIONS PERFORMED:**

Accounting

Claims

Renewal Lists

Rating

MVR's

Applications

Policy Information

Policy Issuance

Financing

Word Processing

Other (Explain) \_\_\_\_\_

**15.** List all State approved or Professional Association sponsored insurance continuing education courses or seminars attended by agency Principal and Licensees during the past 12 Months: \_\_\_\_\_

**16a.** List all Professional Liability, "E & O" or Legal Expense insurance carried during the past five years. If none, state "NONE".

INSURANCE CO.	LIMITS OF LIABILITY	DEDUCTIBLE (IF ANY)	PREMIUM	INCEPTION Month / Day / Year	EXPIRATION Month / Day / Year	CLAIMS	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**16b.** Retroactive Date of current policy: \_\_\_\_\_

**17.** Is the principal / principals active in the business?  Yes  No

**18.** Does the agency maintain a binder log?  Yes  No

**19.** Does the agency use "Power of Attorney" to represent the insured?  Yes  No

**20.** Is all incoming mail date stamped?  Yes  No

- 21.** Have any claims or suits been made during the past five years against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees?  
 Yes  No  
*(If yes, attach statement giving detail and status of each claim including dates, amount of claim, deductible, payments and open reserves.)*
- 22.** Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees?  Yes  No  
*(If yes, attach explanation.)*
- 23.** Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or canceled, or renewal of such insurance been refused?  Yes  No *(If yes, explain.)*
- 24.** Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any State licensing agency or regulatory body?  Yes  No
- 25.** Indicate all Insurance Professional Associations of which you are a member:  IIAA  PIA  
 American Agents Alliance  WAIB  AAMGA  NAPSLO  Other \_\_\_\_\_
- 26.** The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insured's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.
- 27.** The applicant accepts notice that any policy issued will: **(1)** Only apply on a "claims made" basis and that the deductible will apply to loss payment and (whether or not loss payment is made) to claims expense, as those terms are defined in the Policy; **(2)** Not insure against damages resulting from any claim or claim expense, as that term is defined in the policy, alleged to have occurred prior to the Inception Date of the policy unless the Underwriter shall agree to insure damages resulting from claim or claim expense alleged to have occurred prior to the Inception Date but after an agreed upon Retroactive Date, and;

**THE LIMITS OF LIABILITY STATED IN THE POLICY INCLUDE THE COSTS OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND SUCH EVENT THE UNDERWRITERS SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

The applicant hereby authorizes the Underwriters, and/or their representatives by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any source including consumer credit information, which the Underwriters deem important in the underwriting of the insurance applied for by this application.

It is agreed that the signature to this form does not bind the Underwriters nor the applicant to complete this insurance.

Name of Applicant \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner, Partner or President*

\_\_\_\_\_  
*Title*

INS APP

**AMERICAN ASSOCIATION OF  
INSURANCE PROFESSIONAL, INC.**

**MEMBERSHIP APPLICATION**

Purchaser: Name: \_\_\_\_\_

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

Purchaser hereby applies to American Association of Insurance Professionals, Inc, a nonprofit corporation ("Purchasing Group"), to become a member in order to purchase liability insurance on a group basis (the "Insurance"). Purchaser certifies that it is an insurance agent, agency, or broker or other person or entity whose business or activities are similar or related.

Admission to Purchasing Group as a member is subject to approval by the Board of Directors, Chairman or President of the Purchasing Group. As a member of Purchasing Group, Purchaser will be eligible to apply for the Insurance.

Purchaser's membership in the Purchasing Group shall commence on the date admitted and shall terminate upon (i) Purchaser's written resignation, (ii) upon the termination of Purchaser's Insurance purchased through Purchasing Group; or (iii) written notice from the Purchasing Group which it may give for any reason whatsoever, including without limitation, any change in Purchaser's business which could jeopardize the homogeneity of the Purchasing Group.

Purchaser's membership shall be subject to the bylaws of Purchasing Group (provided upon request). Purchaser's only voting rights as member shall be to vote to elect members of the Board of Directors in the event of a vacancy on the board that is not filled by the remaining members of the board.

Purchase hereby appoints the Chairman of the Purchasing Group as its proxy, with full power if substitution, for Purchaser of any membership meeting. This proxy is irrevocable and is valid for the duration Purchaser is a member.

**PURCHASER:**

By: \_\_\_\_\_  
(Signature)

Printed Name: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

