

PREMIUM INDICATION REQUEST FORM

This form can only be used to provide a premium indication. It does not replace the required carrier application. There is no guarantee a firm quote will be offered or coverage provided.

(include ALL owners, principals, officers, producers, support staff, W-2s, 1099s, licensed and non-licensed employees, full-time and part-time) Agency Employees Full-time employees: Property/Casualty premium volume \$ Property/Casualty commissions \$ Life/Health commissions \$	Contact name		Agency name				
Is your website encrypted? Yes No Number of locations Number of insurance experience Years of insurance experience Years of experience as an independent agent List any agency associations/alliances/clusters/aggregators to which you belong Staff size (Include ALL owners, principals, officers, producers, support staff, W-2s, 1099s, licensed and non-licensed employees, full-time and part-time)	Address		City	State	Zip		
Date agency established (ex. 12/30/2007)	Phone	Fax	Email				
Years of experience as an independent agent List any agency associations/alliances/clusters/aggregators to which you belong Staff size (include ALL owners, principals, officers, producers, support staff, W-2s, 1099s, licensed and non-licensed employees, full-time and part-time) Agency Employees Property/Casualty premium volume \$ Eull-time employees: Incensed unlicensed Part-time employees (20 hrs/wk or less): Independent Contractors Full-time (earning more than \$25,000 comm.): Independent Contractors Full-time (earning less than \$25,000 comm.): Incensed unlicensed Part-time (earning less than \$25,000 comm.): Incensed unlicensed Carrier of business placed Directly with admitted carriers % As a TPA % As a TPA % Carrier information List top 3 primary carriers and percentage of business placed with each: 1	Website			Is your website encrypted	? ☐ Yes ☐ No		
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Percent of business placed Directly with admitted carriers	licensed	unlicensed					
Percent of business placed Directly with admitted carriers%	Part-time (earning	less than \$25,000 comm.):					
Directly with admitted carriers% As an MGA% Directly with surplus lines carriers/through surplus lines brokers% As a TPA% Through other agencies% Accepted from other agencies% Carrier information List top 3 primary carriers and percentage of business placed with each: 1	licensed	unlicensed					
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1	Carrier infor	mation					
2	List top 3 primary o	carriers and percentage of busir	ness placed with each:				
3%	1			%			
	2			%			
Percent rated B+ or better?%	3			%			
	Percent rated B+ o	r better?%					

Please continue to next page.

Product Lines					
Personal Lines% +	Life and Health	% +	Commercial Lines	% = 100%	
% Non-Standard Personal Lines	% Individual Li	% Individual Life		% Bonds	
% Standard Personal Lines	% Group Life	% Group Life		% Workers' Comp	
	% Individual H	% Individual Health		% Long Haul Trucking	
	% Group Healt	h _	% Medical Malpraction	ce	
		-	% Crop		
			% Specialty Lines - p	olease describe	
Claims Information	'				
1. Within the last five years, has anyon	ne in vour agency reporte	ed an incident or claim to	vour F&O carrier?	☐ Yes ☐ No	
2. Within the last five years, have any	your zao carrer.	☐ Yes ☐ No			
This would include <u>any money paid</u>					
NOTE: If you marked "Yes" to either o	claim questions, please pr	ovide details on the attac	ched claims supplement	form.	
Agency Procedures/Op	erations				
Employee handbook	☐ Yes ☐ No	Date stamp mail	☐ Ye	s 🗖 No	
Office procedure manual	☐ Yes ☐ No	Staff training program	m 🗖 Ye	s 🗖 No	
Tickler/follow-up system	☐ Yes ☐ No	Exposure analysis che	ecklist	s 🗖 No	
Paperless?	☐ Yes ☐ No				
Agency management system	□ None □ AMS	☐ Applied ☐ SIS ☐ [Ooris		
Most recent E&O loss prevention sen	ninar attended (month/ye	ar)	# of staff attended _		
Does 60% of your staff have an insur	ance designation? (CIC, C	CISR, CPCU, LUTCF, etc.)	☐ Yes ☐ No		
Current E&O Coverage	Information/Cov	erage Desired			
Carrier	Expi	iration date	Retroactive date		
Premium	um Limits: Each loss			Aggregate	
Deductible De	eductible type: 🗖 Loss o	only 🗖 Loss plus expense	Years of continuous	E&O	
Desired limit	Desired deductible	Desi	red effective date		
Additional Coverages D	esired				
☐ Employment practices liability					
☐ Cyber liability					
☐ Mutual funds (series 6 or 63 licens	ed)# of licensed staff				
☐ Commercial umbrella (will extend	over E&O)				
☐ Stocks, bonds, & mutual funds (se	ries 7 licensed) # of l	icensed staff	_		
☐ Real estate Limit	Deductible	# of licensed staff	% of agency i	ncome	
C'ana a banna			Data		
Signature			Date		

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