



# 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.*

Contact name \_\_\_\_\_ Agency name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Is your website encrypted?  Yes  No

Date agency established (ex. 12/30/2007) \_\_\_\_\_ Number of locations \_\_\_\_\_

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)

### Agency Employees

Full-time employees:

licensed \_\_\_\_\_ unlicensed \_\_\_\_\_

Part-time employees (20 hrs/wk or less):

licensed \_\_\_\_\_ unlicensed \_\_\_\_\_

Property/Casualty premium volume \$ \_\_\_\_\_

Property/Casualty commissions \$ \_\_\_\_\_

Life/Health commissions \$ \_\_\_\_\_

Consulting/fees \$ \_\_\_\_\_

### Independent Contractors

Full-time (earning more than \$25,000 comm.):

licensed \_\_\_\_\_ unlicensed \_\_\_\_\_

Part-time (earning less than \$25,000 comm.):

licensed \_\_\_\_\_ unlicensed \_\_\_\_\_

## Percent of business placed

Directly with admitted carriers \_\_\_\_\_%

Directly with surplus lines carriers/through surplus lines brokers \_\_\_\_\_%

Through other agencies \_\_\_\_\_%

Accepted from other agencies \_\_\_\_\_%

As an MGA \_\_\_\_\_%

As a TPA \_\_\_\_\_%

## Carrier information

List top 3 primary carriers and percentage of business placed with each:

1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

3. \_\_\_\_\_ %

Percent rated B+ or better? \_\_\_\_\_%

Please continue to next page.

## Product Lines

<b>Personal Lines</b> _____%	+	<b>Life and Health</b> _____%	+	<b>Commercial Lines</b> _____%	=	<b>100%</b>
_____% Non-Standard Personal Lines		_____% Individual Life		_____% Bonds		
_____% Standard Personal Lines		_____% Group Life		_____% Workers' Comp		
		_____% Individual Health		_____% Long Haul Trucking		
		_____% Group Health		_____% Medical Malpractice		
				_____% Crop		
				_____% Specialty Lines - please describe		
				_____		

## Claims Information

1. Within the last five years, has anyone in your agency reported an incident or claim to your E&O carrier?  Yes  No
2. Within the last five years, have any of your E&O carriers paid a claim on your behalf?  Yes  No  
*This would include any money paid for damages and/or expenses.*

**NOTE:** If you marked "Yes" to either claim questions, please provide details on the attached claims supplement form.

## Agency Procedures/Operations

Employee handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date stamp mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office procedure manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff training program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tickler/follow-up system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exposure analysis checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paperless?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency management system	<input type="checkbox"/> None <input type="checkbox"/> AMS <input type="checkbox"/> Applied <input type="checkbox"/> SIS <input type="checkbox"/> Doris <input type="checkbox"/> Other _____		
Most recent E&O loss prevention seminar attended (month/year) _____		# of staff attended _____	
Does 60% of your staff have an insurance designation? (CIC, CISR, CPCU, LUTCF, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Current E&O Coverage Information/Coverage Desired

Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Retroactive date \_\_\_\_\_

Premium \_\_\_\_\_ Limits: Each loss \_\_\_\_\_ Aggregate \_\_\_\_\_

Deductible \_\_\_\_\_ Deductible type:  Loss only  Loss plus expense Years of continuous E&O \_\_\_\_\_

Desired limit \_\_\_\_\_ Desired deductible \_\_\_\_\_ Desired effective date \_\_\_\_\_

## Additional Coverages Desired

- Employment practices liability
- Cyber liability
- Mutual funds (series 6 or 63 licensed) # of licensed staff \_\_\_\_\_
- Commercial umbrella (will extend over E&O)
- Stocks, bonds, & mutual funds (series 7 licensed) # of licensed staff \_\_\_\_\_
- Real estate Limit \_\_\_\_\_ Deductible \_\_\_\_\_ # of licensed staff \_\_\_\_\_ % of agency income \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_