

Application for INSURANCE AGENTS ERRORS & OMISSIONS

Return Applications to:
Fax: 305-248-9496
or Email to:
laaiasubmissions@modernins.com

Before insurance is provided, it may be subject to a fully completed and signed Company E&O application form. The insurance is subject to the terms and conditions of the policy if issued.

Name of Agency _____ DBA(if any) _____
 Address _____ Contact Name _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Email _____
 Website _____ Date Firm Established ____ / ____ / ____ Years of Experience of Owner _____
 Please list Other Locations _____

Please list the number of: Owners _____ Agents/Producers _____ All other employees _____ Part time employees _____ Full time employees _____

What percentage of business do you place as a: Agent/Retailer _____ % Broker _____ % MGA/GA _____ %
 Admitted _____ % Surplus Lines _____ % Other _____ %

Please indicate your three largest carriers/companies & the premium placed with each:

Carrier/Company	Premium	AM Best Rating	Admitted?
_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gross Premium—Last 12 Months \$ _____ Commission—Last 12 Months \$ _____
 (If this is a new agency, please estimate the written premium and commissions for the next 12 months)

Please indicate the percentage of Gross Written Premium derived from the following lines:

PERSONAL LINES	COMMERCIAL LINES
Auto (Standard) _____ %	Auto (Other than Long Haul Trucking) . . . _____ %
Auto (Non-Standard)/Motorcycles _____ %	Aviation _____ %
Homeowners _____ %	Business Owners Policy _____ %
Non-standard Fire _____ %	Crop Insurance _____ %
Personal Marine _____ %	Fire & E.C. _____ %
Marine—Pleasure Craft _____ %	Reinsurance _____ %
Wind/Flood/Earthquake _____ %	Jeweler s Block _____ %
Umbrella _____ %	Long Haul Trucking _____ %
Other (Specify): _____ %	Bonds—Surety _____ %
	Bonds, Other _____ %
	Professional Liability, D&O, E&O. _____ %
	Marine—Ocean _____ %
	Package Policies _____ %
	Pollution Liability _____ %
	General Liability (non-BOP) _____ %
	Medical Malpractice _____ %
	Workers Compensation _____ %
	Marine—Inland _____ %
	Livestock Mortality/Bloodstock _____ %
	Other (Specify): _____ %
	_____ %

TOTAL OF ALL LINES: 100%

Current E&O Policy Information:

Current E & O Carrier _____ Expiring Premium \$ _____
 Expiring Limit \$ _____ Expiring Deductible \$ _____ Expiration Date _____ Retro Date _____

Does the Applicant:

Use in house office/procedure manuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Document all business related telephone conversations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Stamp incoming mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check all applications, policies and endorsements for accuracy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain a diary/suspense system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Send copies of binders to their insureds promptly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilize a computerized agency management system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm all declinations, coverage instructions and not-bound notices in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attended and E & O loss prevention seminars in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delegate any binding authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjusts claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have authority to deny claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negotiates/Purchases Reinsurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the past 5 years, has there been any acquisition, merger, sale or change of the firm's name? Yes No

In the past 5 years, have there been any additions or deletions of the agency's principals? Yes No

Has the Applicant or any of its employees ever been subject to an investigation by a state regulatory agency or an insurance department investigation, inquiry, disciplinary investigation or proceeding in any way? Yes No

Has the Applicant or any of its employees, ever had their license revoked, suspended, or been fined or disciplined by any state or regulatory department? Yes No

Has any policy or application for Errors and Omission insurance on behalf of the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors ever been declined, cancelled or renewal refused within the last five (5) years? Yes No

During the past five (5) years, has any claim or notice of claim been made or suit brought against the Applicant, its predecessor (s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

Is the Applicant, its predecessor (s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors aware of any fact, circumstance, situation, allegation, contention or incident which may result in a claim being made against the Applicant, its predecessor (s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

Is the Applicant involved in any other business activities, such as loss prevention, mutual funds, real estate or law practice? Yes No
 If yes, please indicate the type and amount:

Is the Applicant employed by or in any way associated with any other insurance agency? Yes No

Please attach an explanation for each "YES" answer (above), or include explanation(s) in your email.

This is an application for a claims made policy. Except as otherwise provided, the policy will cover only claims first made against the applicant and reported to the insurer during the policy period. Please note that in most policies the limit of liability available to pay damages shall be reduced and may be completely exhausted by payment of claims expenses. Damages and claims expenses shall be applied against the deductible.

Notice: in some states, 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.

I/we hereby declare that the above statements and declarations are true and that i/we have not suppressed or misstated any material facts. I/we agree that any misrepresentation or misstatement of material facts may void coverage under the proposed insurance. I/we agree that this application shall be the basis of the contract with the insurer and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application neither binds the insurer to provide coverage nor the applicant to purchase the insurance. I/we agree that if the information supplied on this application changes between the date the application is executed and the time the proposed insurance policy is bound or coverage commences, the applicant will immediately notify the carrier in writing of such changes. The carrier reserves its rights to modify or withdraw its proposal following such changes.

A policy cannot be issued unless this application is properly signed and dated no more than 30 Days prior to binding.

Signature of Applicant: _____ Date: _____
 MUST be signed by an Owner, Partner, Director, or Officer of the Named Insured.
 It is agreed the signer has authority to act on behalf of all insureds.