



Premium Indication Request Form contd.

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.

Agency Name _____

Product Line _____

(percentage of property/casualty and life/health should equal 100 percent of your total premium)

Property/Casualty ____% + Life and Health ____% = 100%

Breakdown of P/C (total 100 percent of P/C percent):

- _____ % Personal auto/home
- _____ % Non-standard personal lines
- _____ % All other personal lines
- _____ % Commercial lines
- _____ % Specialty lines - Describe _____
- 100 % TOTAL P/C

Breakdown of L/H (total 100 percent of L/H percent):

- _____ % Individual life
- _____ % Individual health
- _____ % Group health
- 100 % TOTAL L/H

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 any of the above 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/Followup System <input type="checkbox"/> Yes <input type="checkbox"/> No | Exposure analysis checklist <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.) Yes No

Current E&O Coverage Information/Coverage Desired

Carrier _____ Expiration Date _____ Retroactive Date _____ Premium _____

Limit: 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

- Mutual Funds (series 6 or 63 licensed) # of licensed staff _____
- Stocks, bonds, & mutual funds (series 7 licensed) # of licensed staff _____
- Real Estate Limit _____ Deductible _____ # of licensed staff _____ % of agency income _____
- Commercial Umbrella (will extend over E&O)
- Employment Practices Liability

Signature _____

Date _____