



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 _____ E-mail _____

Date Agency Established (ex. 12/30/2007) _____
 Years of Insurance Experience _____
 Years of Experience as an Independent Agent _____
 List any Agency Associations You are Currently a Member of _____

Staff Size

(# of persons includes ALL owners; principals; officers; producers; support staff; W-2s; 1099s; both licensed and non-licensed employees, full-time and part-time)

Full-time employees: licensed _____	unlicensed _____	Property/Casualty Premium Volume \$ _____
Part-time employees (20 hrs/wk or less): licensed _____	unlicensed _____	Property/Casualty Commissions \$ _____
Independent Contractors:		Life/Health Commissions \$ _____
Full-time: licensed _____	unlicensed _____	Consulting/Fees \$ _____
Part-time (20 hrs/wk or less): licensed _____	unlicensed _____	

% Business Placed

Directly with admitted carriers _____% As an MGA _____%
 Directly with surplus lines carriers/through surplus lines brokers _____% As a TPA _____%
 Through other agencies _____%

% Business Accepted From Other Agencies _____%

Carrier Information

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

1. _____ %
 2. _____ %
 3. _____ %
 % rated B+ or better? _____%

Please continue to next page.



Premium Indication Request Form contd.

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Agency Name _____

Product Line _____

Personal Lines ____% + **Life and Health** ____% + **Commercial Lines** ____% = **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 None AMS Applied SIS Doris 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 _____