



# 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 \$ _____
<b>Independent Contractors:</b>		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** \_\_\_\_\_