

E&O QUESTIONNAIRE



Insurance Agents
& Brokers
SERVICE GROUP, INC.

Named Insured: _____

Contact Name: _____

Mailing Address: _____ City/State/Zip: _____

Website: _____ Phone: _____ E-mail: _____

Independent Agent / Agency? Yes No Date Agency Established (current ownership): _____ Total Number of Locations: _____

Associations you are members of: _____

% of Total Agency Commission placed by line: PL's _____% + CL's _____% + L&H _____% = 100%

% of Non-Standard or Assigned Risk placed by line: PL's _____% CL's _____%

Specialty Lines?* Yes No If yes, what % of your income is placed as Specialty Lines? _____%

% of P&C Business placed THRU other Agents or Brokers: _____% **Certain Specialty Lines of business may alter the premium and is subject to underwriting*

Include ALL the following: Active Agency Principals / Licensed & Unlicensed Personnel / 1099's

Number of Full Time (over 20 hours): _____ Number of Full Time Non-Employee, Non-Exclusive Producers: _____

Number Part Time (20 hours or less): _____ Number of Part Time Non-Employee, Non-Exclusive Producers: _____

Total Premium for top 5 Carriers: \$ _____ Total Premium Vol: \$ _____ Total P&C Premium Vol: \$ _____

Total P&C Commission: \$ _____ Total L&H Commission: \$ _____ Consulting Fee Income: \$ _____

Exposure Analysis Checklist used on ALL accounts (PL and CL - active at least 1 year)? Yes No

Insurance Designations* of staff equals or exceed 60% (CIC, CISR, CPCU, LUTCF, etc)? Yes No **Does not include having a license.*

Date of E&O Loss Prevention Seminar last attended _____ Number of staff attended _____

E&O claims / incidents in the last 5 years? (include closed with expense only payment) _____

CURRENT E&O COVERAGE

Carrier: _____ Expiration Date: _____ Retro-Active Date: _____

Limits: \$ _____ Claim / \$ _____ Aggregate Premium \$ _____

Deductible: \$ _____ Claim / \$ _____ Aggregate Deductible Type Loss Only Loss & Expense

Authorized Signature _____ Date _____

This Questionnaire is for a PREMIUM INDICATION ONLY and is not an Offer of Coverage nor is it bindable. If the premium indication is acceptable, you will be asked to complete a full E&O application.

RETURN TO DAVID WERTZ, INSURANCE PLACEMENT SPECIALIST

Insurance Agents & Brokers Service Group Inc., 5050 Ritter Road, Mechanicsburg, PA 17055

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