

QUESTIONNAIRE



GENERAL INFORMATION

Named Insured _____ Contact Name _____
Mailing Address _____ City/State/Zip _____
County _____ Phone _____ E-mail _____ Website _____
Independent Agent / Agency? Yes No Date Agency Established (current ownership) _____ Total # 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? _____ %
% Direct with carriers _____% % Through Third Party _____%

INCLUDE ALL THE FOLLOWING ACTIVE AGENCY PRINCIPALS / LICENSED & UNLICENSED PERSONNEL / 1099'S

of Full Time (over 20 hours) _____ # of Full Time Non-Employee, Non-Exclusive Producers _____
of Part Time (20 hours or less) _____ # 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 \$ _____

ERRORS & OMISSIONS COVERAGE CHECK IF NOT INTERESTED IN RECEIVING A QUOTE FOR THIS COVERAGE.

*MUST ALSO COMPLETE ALL THE GENERAL INFORMATION SECTION

Current Carrier _____ Expiration Date _____ Retro-Active Date _____
Limits \$ _____ Claim / \$ _____ Aggregate Premium \$ _____ # of claims _____
Deductible \$ _____ Claim / \$ _____ Aggregate Deductible Type Loss Only Loss & Expense
Insurance Designations (not including license) of staff equals or exceed 60% (CIC, CISR, CPCU, LUTCF, etc)? Yes No
Date of E&O Loss Prevention Seminar last attended* _____ # of staff attended _____
**Please note only courses on carrier approved listing will apply towards any applicable filed credit*

AGENTS UMBRELLA COVERAGE CHECK IF NOT INTERESTED IN RECEIVING A QUOTE FOR THIS COVERAGE.

*MUST ALSO COMPLETE ALL THE GENERAL INFORMATION AND E&O SECTIONS

Limit Liability Desired _____ *\$10 million maximum limit. Higher limits may be available subject to underwriting and reinsurer approval.
Current Umbrella Carrier _____ Expiration Date _____ Limit \$ _____ / _____ / _____ Premium \$ _____
Desired Retention Limit \$10,000 None
Does your current coverage include the agency's E&O? Yes No

Check underlying coverages currently in place:

BOP/General Liability: Carrier _____ Limit \$ _____ / _____ / _____ Premium \$ _____ Effective Date _____
 Employer's Liability: Carrier _____ Limit \$ _____ / _____ / _____ Premium \$ _____ Effective Date _____
 Commercial Auto: Carrier _____ Limit \$ _____ / _____ / _____ Premium \$ _____ Effective Date _____

How many automobiles are owned/leased by the agency? _____ Are there any operators of agency vehicles under the age of 22? Yes No
Agency-owned watercraft? If yes: Length (in ft) _____ Horsepower _____ Any E&O, Auto Liability or General Liability loss over \$100,000 in past 5 years? Yes No

EXCESS EMPLOYMENT PRACTICES LIABILITY

If you have a minimum underlying EPLI limit of at least \$1,000,000 and is not shared with any other coverages, are you interested in Excess Employment Practices Liability? Yes No If Yes, please answer the next two questions:

1. Excess EPLI Limits Requested: \$1,000,000 _____ \$2,000,000 _____
2. Have you had any EPLI claims in excess of \$100,000 in the past 5 years? Yes No (If yes, please attach currently valued loss runs.)

PERSONAL UMBRELLA ENDORSEMENT (PXL)

For agency owners, officers, or partners, are you interested in Personal Umbrella Endorsement (PXL)? Yes No If Yes, please complete the following information:

Please provide Personal Umbrella Limit Requested (maximum \$5,000,000 subject to acceptable exposures, PXL limit may not exceed the commercial umbrella limit): \$ _____

Note: Minimum Underlying Limits Required:

- PAP: \$500,000 Ea. Per. BI /\$500,000 Ea. Acc. BI/\$100,000 PD or \$500,000 CSL
- Per. Liability: \$300,000 Each Occ. w/o pool or \$500,000 Each Occ. with pool
- Watercraft Liability: \$500,000 for boats < 35 feet, \$1,000,000 for boats 36 to 50 feet (over 50 feet, jet skis, wave runners and similar personal watercraft are not eligible for coverage).

Please attach an Acord 83 Personal Umbrella application for each PXL requested.

EXCESS EMPLOYEE BENEFITS LIABILITY

If you have a minimum required primary limit of \$250,000 per employee/\$750,000 aggregate, are you interested in Excess Employee Benefits Liability?

Yes No If Yes, please complete the following information:

Primary Carrier: _____ Limit: \$ _____ Per EE/\$ _____ Aggregate

QUESTIONNAIRE



CYBER LIABILITY COVERAGE CHECK IF NOT INTERESTED IN RECEIVING A QUOTE FOR THIS COVERAGE

*MUST ALSO COMPLETE ALL THE GENERAL INFORMATION SECTION

Current Carrier _____ Expiration Date _____ Retro-Active Date _____
Limits \$ _____ Claim / \$ _____ Aggregate Premium \$ _____
Deductible \$ _____ Claim / \$ _____ Aggregate Current # of claims _____

EMPLOYMENT PRACTICES LIABILITY COVERAGE CHECK IF NOT INTERESTED IN RECEIVING A QUOTE FOR THIS COVERAGE.

*MUST ALSO COMPLETE ALL THE GENERAL INFORMATION SECTION

LIMIT OF LIABILITY DESIRED \$500K \$1M \$2M \$3M

Current EPLI Carrier _____ Expiration Date _____ Retro-Active Date _____

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

Deductible \$ _____ Claim / \$ _____ Aggregate

of employees located in the following states: CA _____ FL _____ NJ _____ NY _____ TX _____

Any claims, suits or other demands over last 5 years? Yes No If yes, provide a list of all claims, suits or other demands for wages, reinstatement or other relief against the Applicant in the past five years (include closed with expense only payment)? Check if none

ADDITIONAL COVERAGE CHECK IF NOT INTERESTED IN RECEIVING A QUOTE FOR THIS COVERAGE.

*MUST ALSO COMPLETE ALL THE GENERAL INFORMATION SECTION

IA&B can also assist your agency in securing Directors & Officers, Excess Errors & Omissions, Crime/Fidelity and other Miscellaneous Professional Liability coverages. If interested please describe coverage need. _____

SIGN & RETURN TO DAVID WERTZ, INSURANCE PLACEMENT SPECIALIST

IA&B Service Group Inc., 5050 Ritter Road, Mechanicsburg, PA 17055 | DavidW@IABforME.com | P: 800-998-9644 ext. 506 | F: 717-795-8347

This questionnaire is for a Premium Indication ONLY. It's not an Offer of Coverage or bindable. If the premium indication is accepted, a full application is needed.

Authorized Signature _____ Date _____