

# AIG Financial Institutions Group

## Insurance Agents & Brokers E&O Quick Quote Application

1. Name of Agency: \_\_\_\_\_ Date Established: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_
3. Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Number of years insurance agency experience: \_\_\_\_\_ Number of years continuous E&O coverage \_\_\_\_\_
6. Name of current E&O carrier \_\_\_\_\_ Current Retro Date: \_\_\_\_\_ Policy Eff Date: \_\_\_\_\_
7. Limits and deductible currently carried: \_\_\_\_\_ Premium: \_\_\_\_\_
8. Please provide the following based on the last 12 months of operation:
  - Agency P & C premium volume \$ \_\_\_\_\_
  - Agency P & C commission income \$ \_\_\_\_\_
  - Agency Life/A & H commission income \$ \_\_\_\_\_
  - Consulting/Fees \$ \_\_\_\_\_
9. Total Staff Size \_\_\_\_\_ full time \_\_\_\_\_ part-time (including Owners, Officers, Partners, CSR's, etc.)  
Non Employee Producers: \_\_\_\_\_ f/t \_\_\_\_\_ p/t (1099 producers)  
Number of employees with professional designations (CIC, CPSR, CISR, CPSU, CLU): \_\_\_\_\_  
Number of employees with at least 3 years experience: \_\_\_\_\_
10. In the past 5 years, number of E & O claims:  0  1  2  3  4  5 or more  
Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?  
 Yes  No  
Does the Applicant have any knowledge of any potential errors or omissions claim(s)?  
 Yes  No  
**(If yes to any of the above please attach an explanation with details.)**
11. Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past two years? \_\_\_ YES \_\_\_ NO Who Sponsored: IIAA \_\_\_\_\_ PIA \_\_\_\_\_ Other \_\_\_\_\_
12. What percentage of total income comes from one or more of the following: loss control inspection or safety consulting, property appraisal for a fee, third party administration services, employee insurance benefit consulting, estate insurance planning, consulting for a fee or placement of pre-paid legal services memberships? \_\_\_\_\_%
13. Number of companies represented with B + or lower A.M. Best Rating: \_\_\_\_\_
14. Company Direct Bill: \_\_\_\_\_%
15. Percentage of business placed with carriers: Direct \_\_\_\_\_% Broker \_\_\_\_\_%
16. Percentage of business placed with carriers: Admitted \_\_\_\_\_% Non-admitted \_\_\_\_\_%
17. Percentage of business placed: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_%

18. Need Mutual Fund or Real Estate endorsement?  Yes  No

If yes, what is the commission income derived from these activities? \$ \_\_\_\_\_

19. List all carriers business is placed with, including those accessed via broker, wholesalers or MGA. (Use separate sheet if necessary)

20. Business you placed AS A: Agent \_\_\_\_\_% Broker \_\_\_\_\_% Surplus lines agent \_\_\_\_\_% MGA \_\_\_\_\_%

21. Percentage of Personal Lines: \_\_\_\_\_% Commercial Lines: \_\_\_\_\_% Life, A&Health: \_\_\_\_\_%

22. Please indicate either the dollar amount or percentages of the **Applicant's** premium volume derived from each line of business listed below.

**(If using percentages, the total of all lines should equal 100%.)**

PERSONAL LINES		COMMERCIAL LINES	
Auto (Standard)		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Comp (Non-retrospective Rated)	
		Workers' Comp (Retrospective Rated)	
<b>LIFE, ACCIDENT &amp; HEALTH</b>		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine/Ocean Marine	
Group Health		Professional Liability/Medical Malpractice	
Financial Products (series 6):		Other (Describe):	

**Office Procedures (loss control credits are given in this area)**

- a. Are copies of binders mailed to insured and/or the company promptly?  Yes  No
- b. Is there a procedure for documenting phone conversations?  Yes  No
- c. Is a policy expiration list maintained?  Yes  No
- d. Are all policies and endorsements checked for accuracy?  Yes  No
- e. Does agency have a diary/suspense system?  Yes  No
- f. Does applicant have an Office Procedures Manual?  Yes  No
- g. Does applicant document a client's refusal to accept coverage/limits limitations?  Yes  No
- h. Does agency utilize a computerized production and accounting system?  Yes  No
- i. Is incoming mail date stamped?  Yes  No
- j. Are binders confirmed in writing?  Yes  No

**Do you need a quote on:**

Life/Health Insurance  Disability Insurance

Employee Dishonesty (Crime) Insurance  Business owners Insurance