



Insurance Agents E&O P&C/L&H Indication Request Form
PIA Western Alliance serving as your leading E&O provider!

AGENCY INFORMATION:

Agent / Agency Name: \_\_\_\_\_ Date Agency Established: \_\_\_\_\_
Address: \_\_\_\_\_ Number of Locations: \_\_\_\_\_
City/ State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_
Number of years of agency under current ownership(s): \_\_\_\_\_ Fax: \_\_\_\_\_
If under 3 years – describe experience: \_\_\_\_\_ Email: \_\_\_\_\_
Staff Size\* Full Time # \_\_\_\_\_ Part Time # \_\_\_\_\_ Website: www. \_\_\_\_\_
\* Include ALL agency principals, producers, support staff, 1099's, licensed and unlicensed employees. Over 20 hours/week is considered full-time.

INCOME RELATED:

P&C Premium Volume \$ \_\_\_\_\_
P&C Commissions \$ \_\_\_\_\_
L&H Commissions \$ \_\_\_\_\_
Other Ins Related Income \$ \_\_\_\_\_

Percent of Revenues/Income:

Retail Agency \_\_\_\_\_%
Wholesale Agency \_\_\_\_\_%
Surplus Lines Agency \_\_\_\_\_%
Managing General Agency/UW \_\_\_\_\_%
Total 100 %

Percent of Policies:

Admitted \_\_\_\_\_%
Non-Admitted \_\_\_\_\_%
Total 100 %

Percent of accounts that are direct billed: \_\_\_\_\_%
What % of your business is placed THRU other agents and/or brokers? \_\_\_\_\_%
What % of your business is accepted FROM other agents and/or brokers? \_\_\_\_\_%

BUSINESS PLACED:

Personal Lines \_\_\_\_\_%
Commercial Lines \_\_\_\_\_%
Life/Acc/Health \_\_\_\_\_%
Total 100%

P&C Product Mix:

Standard Auto (Comm/Pers) \_\_\_\_\_%
Non-Standard Auto (Pers) \_\_\_\_\_%
Non-Standard Auto (Comm) \_\_\_\_\_%
Standard Homeowners \_\_\_\_\_%
Non-Standard Homeowners \_\_\_\_\_%
Standard Commercial Fire \_\_\_\_\_%
Non-Standard Commercial Fire \_\_\_\_\_%
Workers Compensation \_\_\_\_\_%
BOP/Package \_\_\_\_\_%
Commercial General Liab \_\_\_\_\_%
Other \_\_\_\_\_%
Total 100 %

Life/Accident/Health Product Mix:

Fixed Life Ins (Indiv/Group) \_\_\_\_\_%
Group Accident/Health \_\_\_\_\_%
Individual Accident/Health \_\_\_\_\_%
Long-term Care Ins \_\_\_\_\_%
Mutual Funds \_\_\_\_\_%
Variable Life Ins/Annuities \_\_\_\_\_%
Securities \_\_\_\_\_%
Other Life/Acc/Health \_\_\_\_\_%
Total 100 %

OTHER INFORMATION:

In the past 5 years, has the Agent/Agency or any other insured applying for coverage been:

The subject of disciplinary action by formal body? Yes [ ] No [ ]
Had coverage either cancelled or non-renewed? Yes [ ] No [ ]
Had employees or management convicted of a felony? Yes [ ] No [ ]
Had any E&O claims made against them? Yes [ ] No [ ]

Loss Control:

Date of last E&O Loss Prevention Seminar attended (mm/dd/yy) \_\_\_\_\_
# of staff attended \_\_\_\_\_
# of staff with Recognized Designations (CIC, CISR, CPCU etc.) \_\_\_\_\_

Number of E&O claims/incidents in the past 5 years? \_\_\_\_\_
Incurred \$ value of those claims? \_\_\_\_\_

CURRENT E&O COVERAGE:

Carrier \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Retro-Active Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Premium \$ \_\_\_\_\_ (required)
Limits: \$ \_\_\_\_\_ Per Claim \$ \_\_\_\_\_ Aggregate
Deductible: \$ \_\_\_\_\_ Per Claim \$ \_\_\_\_\_ Aggregate
Deductible Type: Loss Only [ ] or Loss & Litigation [ ] (check one) How did you hear about the PIA: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All fields are required to be completed in order to obtain a non-binding premium indication.