



**Insurance Agents E&O P&C/L&H Indication Request Form**  
*Professional Insurance Agents (PIA) 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.

<b>INCOME RELATED:</b>	<b>Percent of Revenues/Income:</b>	<b>Percent of Policies:</b>
P&C Premium Volume \$ _____	Retail Agency _____%	Admitted _____%
P&C Commissions \$ _____	Wholesale Agency _____%	Non-Admitted _____%
L&H Commissions \$ _____	Surplus Lines Agency _____%	Total 100%
Other Ins Related Income \$ _____	Managing General Agency/UW _____%	
	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? \_\_\_\_\_ %

<b>BUSINESS PLACED:</b>	<b>P&amp;C Product Mix:</b>	<b>Life/Accident/Health Product Mix:</b>
Personal Lines _____ %	Standard Auto (Comm/Pers) _____ %	Fixed Life Ins (Indiv/Group) _____ %
Commercial Lines _____ %	Non-Standard Auto (Pers) _____ %	Group Accident/Health _____ %
Life/Acc/Health _____ %	Non-Standard Auto (Comm) _____ %	Individual Accident/Health _____ %
Total 100%	Standard Homeowners _____ %	Long-term Care Ins _____ %
	Non-Standard Homeowners _____ %	Mutual Funds _____ %
	Standard Commercial Fire _____ %	Variable Life Ins/Annuities _____ %
	Non-Standard Commercial Fire _____ %	Securities _____ %
	Workers Compensation _____ %	Other Life/Acc/Health _____ %
	BOP/Package _____ %	Total 100%
	Commercial General Liab _____ %	
	Other _____ %	
	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

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

**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.) \_\_\_\_\_

**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.**