

INSURANCE AGENTS AND BROKERS E & O APPLICATION

THIS IS AN APPLICATION FOR THE INSURANCE WRITTEN ON A "CLAIM MADE" BASIS WHICH APPLIES ONLY TO CLAIMS WHICH BOTH FIRST ARISE AND ARE REPORTED WHILE THE POLICY IS IN FORCE.

1. Name: _____ DBA: _____
(*exactly as shown on license – attach copy of license*) (if applicable)

2. P.O. Box: _____ City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

3. List the following information and identify all owners, partners, officers, directors, and licensees: (attach separate sheet if necessary)

Name	Residence Address	Title	Years Ins. Experience

4. Limits of Liability desired \$ _____ / \$ _____ Deductible: \$ _____ Requested Effective Date: ____/____/____
(each claim) (aggregate) (each claim) (mm/dd/yy)

5. State Applicant's Annual Premium Volume, Gross Commission and Policy/Broker Fee Income:

	Premiums	Commissions	Policy/Broker Fees
Last 12 Months:	\$ _____	\$ _____	\$ _____
Estimated Next 12 Months:	\$ _____	\$ _____	\$ _____

6. State the approximate breakdown of total annual premium volume for each column

6a. Transacting as:		6b. Lines of Business:	<u>Standard</u>	<u>Non-Standard</u>
Agent	%	Commercial Fire & Inland Marine.....	%	%
Broker	%	Commercial General/Excess Liability...	%	%
Surplus Lines Broker	%	Commercial Auto/Garage/Dealers	%	%
Managing General Agent...	%	Professional Liability	%	%
Underwriting Manager ...	%	Workers' Compensation	%	%
Program Manager	%	Ocean Marine	%	%
Fee Consultant	%	Aviation	%	%
Life – Health	%	Surety	%	%
Adjuster	%	Homeowners/Dwelling Fire	%	%
Appraiser	%	Personal Auto	%	%
Financial Planner	%	Personal Floaters	%	%
Reinsurance Broker	%	Life/Accident/Health/Group	%	%
Other (Explain)	%	Other (Explain)	%	%
Must Total	100 %	Must Total	100	%

7. Percentage of business qt'r tgo kw 'xq'w g'which is direct billed by carriers:

Auto _____ % Homeowner _____ % Commercial _____ % Other _____ %

8. NUMBER OF STAFF	FULL TIME	PART TIME
Principals:	_____	_____
Agents/Brokers/Solicitors (Not listed as Principals):	_____	_____
Service/Raters:	_____	_____
Accountant/Bookkeeping: *****	_____	*****a_____
Clerical/Filing:	_____	_____
Independent Contractors:	_____	_____

Do you want coverage for independent contractors? ☐ Yes ☐ No

9. List all Professional Liability, "E&O" or Legal Expense insurance carried during the past five years. If there is none, then state "NONE".

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period	Any Claims?
		\$	\$	/ /	
		\$	\$	/ /	
		\$	\$	/ /	
		\$	\$	/ /	
		\$	\$	/ /	

10. Retroactive date of current policy: _____

11. Have any claims or suits been made during the past five years against the applicants or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? _____ Yes _____ No
(If yes, attach statements giving details and status of each claim including dates, amount of claim, deductible, payments and open reserves.)

12. Is the applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? (If yes , attach explanation) _____ Yes _____ No

13. Has any application for insurance on behalf of the applicant or any of its predecessors in business been declined or canceled, or renewal of such insurance been refused? (If yes, explain) _____ Yes _____ No

14. Has the applicant or any person or employee of any applicant proposed for insurance ever been subject to disciplinary action by any state licensing agency or other regulatory body? (If yes attach explanation) _____ Yes _____ No

15. Indicate all insurance Professional Associations of which you are a member:
☐ IIAA ☐ PIA ☐ American Agents Alliance ☐ WAIB ☐ AAMGA ☐ NAPSLO ☐ Other _____

It is agreed that the signature to this form does not bind the Underwriters nor the applicant to complete this insurance.

Name of Applicant _____ **Date:** _____

Signature of Owner, Partner or President

Title

Please return by email, mail or fax to:

RISKPRO INSURANCE AGENCY, LLC
P.O. Box 515512
Dallas, Texas 75251
Fax: 972-235-5556
Phone (Toll Free): 1-866-900-RISK
apps@riskpro.us