

**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 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 Comp .....	_____ %	_____ %
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) .....	_____ %	_____ %
<b>Must Total</b> <b>100</b> %	<b>Must Total</b>	<b>100</b> %	<b>100</b> %

7. Percentage of business which is direct billed by carriers:

Auto \_\_\_\_\_ %      Homeowner \_\_\_\_\_ %      Commercial \_\_\_\_\_ %      Other \_\_\_\_\_ %

8. **NUMBER OF STAFF**

	<b>FULL TIME</b>	<b>PART TIME</b>
Principals:	_____	_____
Agents/Brokers/Solicitors (Not listed as Principals):	_____	_____
Service/Raters:	_____	_____
Account/Bookkeeping:	_____	_____
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:  
 \_\_\_ IAA    \_\_\_ 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 mail or fax to:**

**RISKPRO INSURANCE AGENCY, LLC**  
 P.O. Box 515512  
 Dallas, Texas 75251  
 Fax: 972/235/3556  
 Phone (Toll Free): 1-866-900-RISK