

# Insurance Brokers & Agent's E&O Application

1.	Name of Applicant:		
	DBA:		
	Physical Address:		
	City:	State:	Zip: Phone:
	Contact:	Email Address:	
	Number of Locations:	Number of Employees (list by location):	
2.	Years Agency Established: <span style="float: right;">If less than 3 years, please attached resumes of principals.</span>		
	Owner's Years of Insurance Experience:		
3.	Limit of Liability Desired: <span style="float: right;">each claim. in the aggregate</span>		
	Deductible Amount Desired:		
4.	a. Please indicate the Premium Volume produced by/or through the Applicant and the revenues earned by the Applicants, and any Other Fees the Applicant had during the years listed below:		
	<b>Year</b>	<b>Premium Volume</b>	<b>Total Revenues/Commissions</b>
	Last Completed		
	Current Estimate		
	b. Does the applicant receive any income from any additional source? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		
5.	a. Please indicate the percentage of business placed as:		
	Retail Agent/Broker: %	Surplus Lines Broker: %	Wholesaler: %
	MGA: %	Other (please specify):	%
	b. What is the annual percentage breakdown by Line of Business of the Applicant's Annual Premium Income:		
	<b>Personal Lines</b>	<b>Percentage</b>	<b>Life Insurance</b>
	Auto - Standard	%	Individual
	Auto - Non Standard & Assigned Risk	%	Group
	Homeowners & Standard Fire	%	Annuities - Fixed
	Personal Floaters	%	
	Flood	%	
	Other	%	
	<b>Commercial Lines</b>	<b>Percentage</b>	<b>Accident &amp; Health</b>
	Auto	%	Group - Carrier Insured
	BOP/CGL/Package	%	Group - Self Insured
	Umbrellas/Excess	%	HMO/PPO/DSP
	Property Coverage	%	Individual
	Workers Compensation	%	
	Flood	%	
	Bonds	%	
	Professional Liability	%	
	Directors & Officers Liability	%	
	Crop Coverage	%	
	Long Haul Trucking	%	
	Wet Marine	%	
	Medical Malpractice	%	
	Livestock Mortality	%	
	Other (Describe)	%	
	<b>Total of All Lines Should Equal 100%</b>		

Agent's E&O Application – Cont.

6. Please list the top three (3) Insurance Companies by Premium Income with which the Applicant places business and the dollar volume for each:

Insurers and/or MGA's	Premium Volume	Admitted	Current Best Rating
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Is the Applicant involved in any of the following activities? If Yes, please show percentage of total revenue received from each:

Activities	Percentage	Activities	Percentage
Real Estate <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Premium Financing <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Claims Adjusting <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Variable Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Loss Prevention Engineering <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Viatical Settlements <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Third Party Administrator <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Financial Planning Services <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Law Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Insurance Consulting <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Other (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	%

8. a. Does the Applicant delegate Binding Authority to Sub-Producers?  Yes  No
- b. Does the Applicant Adjust Claims?  Yes  No
- c. Does the Applicant have authority to Deny Claims?  Yes  No
- d. Does the Applicant Negotiate/Purchase Reinsurance?  Yes  No

9. Do you have Procedures to record and document for the file business related telephone conversations and require employees to follow these procedures?  Yes  No

10. Are all declinations of coverage confirmed in writing?  Yes  No

11. Do you obtain instructions in writing from customers who want their insurance coverage reduced or eliminated?  Yes  No

12. Are customers advised in writing whenever insurance cover cannot be bound immediately or when special restrictions or endorsement apply?  Yes  No

13. Does the Applicant currently have Errors & Omissions Insurance in-force?  Yes  No

Name of Insurer:

Limits:

Deductible:

Premium:

Retroactive Date of Current Policy:

Expiration Date:

14. a. Has the Applicant been the subject of Disciplinary Action or Investigation as a result of Professional Activities?  Yes  No
- b. Have there been any Errors and Omissions Claims made against the Applicant during the past 5 years?  Yes  No
- c. Does the Applicant have any Knowledge of any Potential Errors or Omissions Claim(s)?  Yes  No
- d. Has the applicant ever had Error and Omissions coverage declined / non-renewed / cancelled?  Yes  No
- If Yes, to any of Question 14, please attach an explanation.*

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

Name of Firm:

By:

*Owner, Partner, or Officer (Must Be Signed)*

Date:

Time:

Please send submissions to [submit@midman.com](mailto:submit@midman.com)

A full submission would include the following:

- Completed E&O Application
- Resume's of all principals (if new venture)
- 3-5 years of currently valued loss runs.

**NOTE: NO NEW VENTURES UNLESS THE PRINCIPALS HAVE AT LEAST 3-5 YEARS OF PRIOR EXPERIENCE,**