

INSURANCE AGENT E&O APPLICATION

- 1. Applicant's Legal Entity Name:
2. Address: City: County: State: Zip:
3. Contact Name: No. of Locations: State(s):
4. Phone: Fax: Website Address:
5. Email Address:

- 6. Agency is a: Corporation Sole Proprietorship Partnership LLC Other:
7. Date Entity Established: (If less than 3 years, we will need a resume for principal & key personnel)
8. Number of years industry experience of agency principal(s):

AGENCY PRINCIPAL(S) WITH LESS THAN THREE (3) YEARS OF INSURANCE INDUSTRY EXPERIENCE AS A LICENSED PROPERTY AND CASUALTY AGENT MUST SUPPLY COPY OF DOI LICENSE

- 9. Have you had any acquisitions, mergers or cluster arrangements within the past five (5) years: Yes No
10. Current E&O carrier: Retroactive Date: Desired Eff. Date:

Please supply a copy of current E&O Declaration Page, along with proof of Retro Date

- 11. Limits currently carried: \$ /\$ Deductible: \$ Premium: \$

12. Please provide the following based on the last 12 months of operation. If new agency, provide next 12 months projection.

- Agency P & C premium volume: \$
Agency P & C commission income: \$
Agency Life/A & H premium volume: \$
Agency Life/A & H commission income: \$
Consulting/Broker Fees: \$
Mutual Funds and/or Variable Products: \$
Securities: \$

13. Indicate below the number of staff in your agency as follows (include owners, principals, partners, etc):

- Total Licensed: Of the total, how many are: P&C: L&H:
Total Unlicensed (with client contact):
Total Contracted Non-Employee Producers: Of the total, how many are: P&C: L&H:
Total Staff Series 6 & 7 Licensed: Average years experience Series 6 & 7:

- 14. Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities? Yes No
15. In the past 5 years, number of E & O claims: 0 1 2 3 or more. Total Amount Paid \$
16. Does the Applicant have any knowledge of any potential errors or omissions claim(s)? Yes No
17. Has the Applicant ever had E&O coverage declined, cancelled or refused renewal? (Not applicable in MO) Yes No

(If yes to any of the above [#14-17], please provide details by attachment to this application)

18. During the past 5 years, has the Applicant made an "adjustment" or "goodwill payment" in settlement of any dispute? Yes No
(If yes, attach explanation concerning payments of \$500.00 or more, exclusive of company draft authority.)
19. Have any employees attended an E&O loss prevention seminar or other industry related education courses within the past twelve months?
 Yes No Percentage of management staff attending: _____%
(Firm may qualify for loss prevention credit. Please attach documentation of course completion.)
20. Percentage of business placed with Admitted carriers rated below B+, Non-Admitted carriers rated below A- by A.M. Best OR carriers that are not rated by A. M. Best: _____%
21. Percentage of policies that: Are Direct Bill: _____% Insured Can Make Changes Through Carrier Service Center: _____%
22. Percentage of business placed through any State Administered Work Comp Funds: _____%
23. Are you a: Retail Agent _____% Wholesaler _____% Surplus Lines Broker _____% MGA _____%
24. Percentage of business placed: Direct with carriers _____% Through a Wholesaler or MGA _____%
25. Percentage of business placed with carriers that are: Admitted _____% Non-Admitted _____%
26. How many wholesalers are you contracted to write business through? _____
27. List top 5 insurance carriers business is placed with and the revenues (your commission) derived from placement:

| Insurance Carrier | Revenues | Insurance Carrier | Revenues |
|-------------------|----------|-------------------|----------|
| 1. | \$ | 4. | \$ |
| 2. | \$ | 5. | \$ |
| 3. | \$ | | |

28. Percentage of commission income derived from: Personal Lines: _____% Commercial Lines: _____% Life & Health: _____%
29. Please indicate the percentage of the commission derived from each line of business listed below:

THE TOTAL OF ALL LINES OF BUSINESS LISTED MUST EQUAL 100% AND MUST CORRESPOND TO THE PERCENTAGES SHOWN IN QUESTION 28.

| PERSONAL LINES | | COMMERCIAL LINES | |
|---|--|-------------------------|-------------|
| Auto (Standard) | | Property (Standard) | |
| Auto (Non-standard)/Motorcycles | | Property (Non-standard) | |
| Homeowners | | SMP/BOP/Package | |
| Non-Standard Property | | General Liability | |
| Pleasure Boats/Craft | | Umbrella/Excess | |
| Umbrella | | Auto (Standard) | |
| Other (Describe): | | Auto (Nonstandard) | |
| LIFE, ACCIDENT & HEALTH | | Long Haul Trucking | |
| Individual Life | | Workers Compensation | |
| Group Life | | Livestock | |
| Individual Accident & Health | | Crop | |
| Group Accident & Health | | Medical Malpractice | |
| Fixed Annuities | | Professional Liability | |
| Variable Annuities | | Inland Marine | |
| Mutual Funds | | Wet Marine | |
| Securities | | Bonds – Surety | |
| Other (Describe): | | Bonds – All Other | |
| | | Aviation | |
| | | Other (Describe): | |
| TOTAL OF ALL LINES OF BUSINESS SHOULD EQUAL 100% | | | 100% |

30. Is there any coverage placed, or involvement with or responsibility as an administrator for self-insured trusts, captives or risk retention groups, risk purchasing groups, PEO's, Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? Yes No
(If yes, please provide details by attachment to this application.)
31. Office Procedures **(Loss Control credits may be available in this area.)**
- a. Is proof of errors & omissions liability insurance required from agents/brokers and/or sub-agents/brokers that place business with your agency? Yes No N/A

- b. Is there an in-house policy/procedures manual in use? Yes No
- c. Is there a procedure for documenting phone conversations? Yes No
- d. Is all incoming mail date stamped? Yes No
- e. Are there procedures that preserve the confidential nature of client's information? Yes No
- f. Is there an in-house training program for new employees? Yes No N/A
- g. Is there a procedure or checklist used in reviewing client coverage/limit requirements? Yes No
- h. Are written or electronic records maintained outlining details of all critical conversations, including verbal instructions and oral agreements? Yes No
- i. Does the applicant document client's acceptance and rejection of offers, coverage, conditions and limitations? Yes No
- j. Are policies/endorsements checked against the application and other client requests for coverage prior to delivery to clients? Yes No
- k. Are umbrella/excess policies reviewed to be certain they are consistent with primary policy terms and conditions? Yes No N/A
- l. Are expirations lists maintained? Yes No

If you have answered "No" to any of the questions in 31. above, please explain: _____

32. Desired Limits of Liability _____

33. Desired Deductible _____

It is agreed that if any applicant or director, officer, manager, member, partner, employee or agent of the applicant for whom coverage is being applied for has knowledge of any information concerning any such fact, circumstance, situation, act, error or omissions, whether or not identified in response to Question 15 or 16, any claims arising therefore is hereby excluded from coverage under the policy, if issued.

It is hereby agreed that the information provided above is true and correct, and is material in deciding whether to issue the above coverage to the Applicant.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE

Name: _____
(Print Name)

Title: _____
(Print Title)

Signature: _____
(Owner, Partner or Senior Officer)

Date: _____
(Month/Day/Year)

Please email to: bethw@rechaixinsurance.com