



INSURANCE AGENTS ERRORS AND OMISSIONS RENEWAL APPLICATION

1. Name and address of Applicant: (include all legal names and DBA's):

Name(s) _____
Principal Address _____ City _____ State ____ Zip _____
Mailing Address (if different then above): _____ City _____ State ____ Zip _____
Web Site Address _____

2. a. Date established: _____ Applicant is: Individual Partnership Corporation Other
- b. Is the entity owned, controlled by or affiliated with any other entity? Yes No
(if yes, please attach details)
- c. During the past 5 years:
- Has the name of the Applicant been changed? Yes No
- Has the Applicant been involved in any merger, acquisition or consolidation? Yes No

3. Please describe in detail the professional services performed by the Applicant:
(please attach an additional sheet if necessary)

4. a. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #3 above? (if yes, please attach details) Yes No
- b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest? (if yes, please attach details) Yes No
- c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months? (if yes, please attach details) Yes No

5. What percentage of your business is (total must equal 100%):

Retail (Business sold directly to Insureds): _____ %
Wholesale (Business placed for other agents): _____ %
Surplus Lines Broker: _____ %
Managing General Agent/Program Manager: _____ %
Other: _____ %

6. Below list the names of officers/owners/principals/partners/members and years of insurance experience.
(Attach another sheet if necessary)

Name	Position/Title	Years in Insurance	Years with Agency

7. a. Year Agency Established: _____ (If less than 3 years, attach resumes for all agency staff)
 b. Year Current Owner Assumed Management: _____
 c. Total staff size including Officers, Owners, Principals, CSR's, etc.: Full Time: _____ Part Time: _____
 d. Total non-employee 1099 producers: Full Time: _____ Part Time: _____
 e. Is agency part of a cluster arrangement? Yes No

8. Please provide Premium and Commission Income:

	Prior Year	Current Year	Projected Next Year
Gross Premium Written:	\$	\$	\$
Gross Commission Income:	\$	\$	\$
Total Income from Other Insurance Related Activities:	\$	\$	\$

Please describe Other Activities:

9. Percentage breakdown of agency business:

COMMERCIAL LINES	Prior Year	Current Year	Projected Next Year
Workers Compensation	%	%	%
Commercial Auto (except trucking)	%	%	%
Trucking (Fleet and/or Long Haul)	%	%	%
Commercial Multi-Peril	%	%	%
Bonds	%	%	%
Professional Liability	%	%	%
Directors & Officers Liability	%	%	%

Medical Malpractice	%	%	%
Energy/Pollution/Environmental	%	%	%
Umbrella/Excess	%	%	%
Aviation	%	%	%
Wet Marine	%	%	%
Crop	%	%	%
Liquor Liability	%	%	%
Cannabis	%	%	%
Other (Specify)	%	%	%
TOTAL COMMERCIAL LINES	%	%	%

PERSONAL LINES	Prior Year	Current Year	Projected Next Year
Automobile Standard	%	%	%
Automobile (Non-Standard)	%	%	%
Umbrella	%	%	%
Property & Dwelling	%	%	%
Other (Specify)	%	%	%
TOTAL PERSONAL LINES	%	%	%

LIFE & HEALTH	Prior Year	Current Year	Projected Next Year
Life	%	%	%
Individual Health and Accident	%	%	%
Group Life, Health and Accident	%	%	%
Variable Products	%	%	%
Annuities and Pension	%	%	%
Sale of Securities / Mutual Funds	%	%	%
TOTAL LIFE & HEALTH	%	%	%

10. Estimate the amount of business agency places with carriers that are Rated less than B+ or Not Rated: _____ %

11. Estimate the amount of business placed on a direct-billed basis: _____ %

12. Show your five (5) largest carriers/insurers and the percent of business placed with each:

Carriers/Insurers	% Of Business	Agency/ Contract	Admitted or Non-Admitted	Number of Years Represented	A.M. Best Rating

13. Has the agency terminated any agency contracts with carriers/insurers in the last five (5) years?
(If yes, please provide details below or attach a separate sheet if necessary) Yes No
14. Does the agency place coverage for risk involved in petroleum exploration and extraction, mineral exploration and mining, or hazardous waste operations with significant pollution exposures?
(If yes, please provide details below or attach a separate sheet if necessary). Yes No
15. Does the applicant or any agency owner, officer, partner/principal, member of solicitor or employee perform any of the following activities?
(If yes, attach resume, promotional material and sample contract. Coverage may be excluded under the policy). Yes No

Activity	Yes/No	Income	Activity	Yes/No	Income
Reinsurance Intermediary			Human Resources		
Third Party Administrator			Actuarial Services		
Claim Adjustment Services			Tax Services		
Premium Financing			Premium Finance		
Consulting/ Risk Management/ Loss Control			Other		
Appraiser					

16. Do you have written procedures/policies for:
- a. Placing business with carriers rated less than B+ by AM Best? Yes No
 - b. Documenting files, including all business-related conversations including phone calls? Yes No
 - c. Confirming verbal binders in writing? Yes No
 - d. Checking all applications, policies and endorsements for accuracy? Yes No
 - e. Ensuring proper disclosure of policy exclusions? Yes No
 - f. Ensuring certificate holders are notified of cancellation or material changes? Yes No
 - g. Does the agency have a diary/suspense system? Yes No
17. Procedural Questions:
- a. Is a written request required from any insured who desires to change or cancel coverage? Yes No
 - b. Is a policy expiration list maintained? Yes No
 - c. Are all incoming document dates identified? Yes No
 - d. Does the applicant use "power of attorney" to represent the insured? Yes No
18. Has any past or present owner, officer, partner, principal, employee, member or solicitor been the subject of a complaint filed and/ or disciplinary action by an insured regulatory authority?
(If yes, please provide details below or attach a separate sheet if necessary). Yes No

19. Are you currently involved in the formation, management or administration of a Self-Insured Trust, Insurance Pool, Risk Retention Group, Health Maintenance Organization or other self-insured risk assuming entity? Yes No
 (If yes, please provide details below or attach a separate sheet if necessary).

20. Are you currently involved in the sale, placement or negotiation of specific and/or aggregate stop loss insurance or any reinsurance? Yes No
 (If yes, please provide details below or attach a separate sheet if necessary).

21. Within the last five (5) years have you placed any business in any insurance company or any or any other risk-assuming entity that ceased operations or was declared insolvent, put into receivership, bankruptcy, liquidation or rehabilitation? Yes No
 (If yes, please provide details below or attach a separate sheet if necessary).

22. Claim Information:

a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees? Yes No
 (If yes, please attach a supplemental claim questionnaire).

b. Have all matters in question 13a been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? Yes No

23. Prior Errors and Omissions insurance:

Year			Retention	Premium			
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

a. Is any extended reporting period (ERP) currently in place? Yes No
 (If yes, please attach a copy of the endorsement including effective and expiration date)

b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? Yes No
 (If yes, please attach a detailed explanation)

24. a. Limit of Liability requested: \$ _____

b. Deductible requested: \$ _____

MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

DECLARATIONS AND NOTICES

The submission of this Renewal Application does not obligate the Insurer to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Insurer to make any inquiry in connection with this Application.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Application and in any attachments or other documents submitted with the Application are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the Insurer will have relied on all such materials in issuing any such policy. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy, of a Claim or potential Claim.

Fraud Warnings

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject



to fines and confinement in prison. **Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to New York Applicants: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WARNING – Kentucky, Maryland, New Jersey, New Mexico, Ohio, Rhode Island, West Virginia residents only: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and civil penalties.

Notice to all other state Applicants: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIALFACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT’S ACCEPTANCE OF THE COMPANY’SQUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Note: This Application must be signed by the chief executive officer, chief financial officer or individual responsible for purchasing insurance of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Applicant: _____ Title: _____

Applicant’s Signature: _____ Date: _____

Agent/Broker Name: _____