

**APPLICATION FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E&O)
 POLICY WRITTEN ON "CLAIMS MADE" POLICY FORM**

Instructions: (A) Answer all questions. If the answer is none, state "none." (B) If space is insufficient to answer any question fully, use a supplemental page. (C) Application must be completed in ink or typed.

1. Applicant Agency Name: _____
 DBA: _____

2. a. Phone: _____ b. Fax: _____ c. E-Mail: _____

3. a. Mailing Address: _____
 Street City County State Zip Code

b. Physical Address: _____
 (If different than 3a) Street City County State Zip Code

4. a. Additional business locations:

Name	Address	Gross Annual Premium
_____	_____	\$ _____
(If different than 1. Above) Street City State		
_____	_____	\$ _____
(If different than 1. Above) Street City State		

b. Are these offices owned and under direct control of applicant's agency? Yes No **If no, attach full details.**

5. **Date Business Established:** _____
If the agency has been in operation less than three years, submit resumes for all agency principals listing prior insurance experience.

6. Does the applicant currently have Professional Liability Coverage? Yes No
If yes, provide Retroactive Date listed on current policy. _____

7. Limits of Liability Coverage requested?
 \$1,000,000 / \$1,000,000 \$1,000,000 / \$2,000,000 \$2,000,000 / \$2,000,000
 Other: \$ _____ / _____

8. Deductible requested?
 \$2,500 \$5,000 \$10,000
 Other: \$ _____

9. Within the last five years have there been:

a. Changes in agency name? Yes No
 b. Changes in agency ownership? Yes No
 c. Mergers with/or purchase of other agencies? Yes No
If yes to any of the preceding, attach a detailed explanation.

	Last 12 Months	Estimated Next 12 Months
a. Total P&C gross premiums written annually.....	\$ _____	\$ _____
b. Total gross annual P&C commissions	\$ _____	\$ _____
c. Total gross annual Life and A&H commissions	\$ _____	\$ _____
d. Total income derived from any other source than Insurance.....	\$ _____	\$ _____

11. Does the agency sell mutual funds? Yes No

12. Does anyone covered by this policy own or have any interest in a securities broker/dealer organization? Yes No
If yes, provide name of individual, broker/dealer, details or interest and effective date.

13. a. Percentage of Business by Premium Volume:

***Commercial Lines**

- Fire-Standard _____ %
- Excess Surplus Lines _____ %
- SMP/BOP/PPP _____ %
- CGL _____ %
- Umbrellas/Excess _____ %
- Auto-Standard/Plan _____ %
- Commercial/Automobile _____ %
- Long Haul Trucking _____ %
- Workers Compensation _____ %
- Livestock Mortality _____ %
- Crop Coverages _____ %
- Medical Malpractice _____ %
- Professional Liability _____ %
- (Specify) _____
- Wet Marine _____ %
- Pollution Liability _____ %
- Bonds _____ %
- Aviation _____ %
- Other (Specify) _____ %

***Personal Lines**

- Auto-Standard _____ %
- Auto-Nonstandard/Plan/CAR _____ %
- Homeowners & Standard Fire _____ %
- Nonstandard Fire _____ %
- Pleasure Boats _____ %
- Umbrella _____ %
- Other (Specify) _____ %

***Total Commercial & Personal Equals..... 100 %**

13. b. **Life and A&H Insurance:**

- Life, Individual _____ %
- Life, Group _____ %
- A&H, Individual _____ %
- A&H, Group _____ %
- Annuities _____ %
- HMO/PPO/DSP _____ %
- Other (Specify) _____ %
- Total Life..... 100 %**

13. c. **Property and Casualty Business Placed As:**

- Agent _____ %
- Surplus Lines Broker _____ %
- Reinsurance Intermediary _____ %

Total 100 %

13. d. What percent of agency business is placed with Admitted carriers? _____ %

13. e. What percent of agency business is placed Non Admitted carriers? _____ %

13. f. Percent of policies written on direct bill basis _____ %

13. g. Percent of gross written premium placed through a state administered fund _____ %

14. Provide number of states licensed _____

15. Number of Personnel: (Each individual should be counted only once.)

- Owners, Officers, Partners _____ Exclusive Non-employee Producers _____
- Employee Solicitors, Brokers, Agents _____ Non-exclusive Non-employee Producers _____
- Other Employees (including clerical) _____ TOTAL STAFF (including part-time) _____

16. List all agency owners, officers and licensed employee producers:

Name	Position/Title	Professional Designations	# of Years Licensed	# of Years w/Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. List all insurance carriers with whom agency contracts have been terminated in the last 5 years.

18. Office procedures:

- a. Do Agency Principles, Partners and Owners have 5 or more years of industry experience Yes No
- b. Does the agency utilize a written agreement with all clients? Yes No
- c. Does the agency have Home Page and/or Web Site? Yes No
- If yes**, is it used for marketing? Yes No
- If yes**, is it used for sales? Yes No
- If yes**, are applications completed/submitted through the Internet? Yes No
- d. Are all applications, policies and endorsements checked for accuracy? Yes No
- e. Does applicant have an Office Manual? Yes No
- f. Does applicant maintain an Employment Practices Liability Policy? Yes No

If yes, provide name of carrier _____

If yes, provide limits carried _____

g. Does the applicant maintain a General Liability Policy..... Yes No

If yes, provide name of carrier _____

If yes, provide limits carried _____

19. **If any of the following are answered yes, attach a detailed explanation for each.**

In the past five years, has the agency:

a. Placed coverages for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations or operations with significant pollution exposures? Yes No

b. Specialized in any programs or classes of business? (Provide Description) Yes No

c. Placed coverage or had involvement with Self-Insured/Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? Yes No

20. Does the applicant perform any of the following activities for its customers?

If yes, attach resume, promotional material and sample contract.

	Yes	No	Revenue/Income		Yes	No	Revenue/Income
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Third Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Tax Adviser	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Claim Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Risk Management/ Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Investment, Securities Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Motor Vehicle Title Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Banking or Loan Origination	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Title Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Pre-paid Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Mortgage/Mortgage Service Facility	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Adviser	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Data Processing Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____				

21. Is there any entity(s) having a 10% interest in the applicant or in any subsidiary or affiliate of the applicant? **If yes**, provide the entity's name, ownership interest % and relationship to applicant. Yes No

22. Does the agency place insurance coverage on any entity in which the applicant has an ownership interest or for any for-profit entity in which an Insured is an officer or director? Yes No

23. Has any past or present owner, officer, partner, employee or solicitor been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority? Yes No

24. Has any policy or application for Errors and Omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners, employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years?..... Yes No

25. Have any Errors and Omissions claims been made against the applicant or any of its past or present owners, officers, partners, employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, within the last 10 years? Yes No
If yes, attach an explanation stating the nature of the claim, date of claim, loss payments and disposition, E&O carrier handling claim, etc.

26. Has the agency ever paid an uninsured loss out of agency funds? Yes No

27. Are there any known circumstances or incidents which may result in Errors and Omissions claims being made against the applicant, past or present owners, officers, partners, employees or solicitors, or its predecessor(s) in business? Yes No

28. **If yes** to 25, 25 or 27, have they been reported to your Errors and Omissions carrier? Yes No

29. List Errors and Omissions carriers for past four years. (If none, state "none".)

Name of Carrier	Effective Date	Limit of Liability	Deductible	Premium
a. _____	_____	\$ _____	\$ _____	\$ _____
b. _____	_____	\$ _____	\$ _____	\$ _____
c. _____	_____	\$ _____	\$ _____	\$ _____
d. _____	_____	\$ _____	\$ _____	\$ _____

NOTICE TO APPLICANT

Applicant hereby represents that the statements and answers to questions made above and attachments hereto are true and applicant has not omitted or misrepresented any information.

I hereby authorize the release of claim information from any prior insurer to the Company.

I understand and accept that the policy applied for provides coverage on a "claims made" basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract and should a policy be issued, it will be attached to and made a part of the policy.

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 of the third degree.

Applicable in all Other States

Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind the Company to issuance of an insurance policy.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date: _____

Name and Title: _____
(Please Print)

License #: _____

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.

Return completed application to



P.O. Box 2909 • Jacksonville, Florida 32203-2909
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www.shellyins.com