



## Property & Casualty Insurance Agents and Brokers 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 three years ago, you must attach a resume and business plan.)
8. Number of years industry experience of agency principal(s): \_\_\_\_\_
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: \_\_\_\_\_

**(ATTACH COPY OF CURRENT E&O DECLARATIONS PAGE FOR CONFIRMATION OF RETROACTIVE 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: _____

**(NOTE: PRODUCERS WITHOUT WRITTEN CONTRACTS ARE NOT COVERED.)**

Total Staff Series 6 & 7 Licensed: _____	Average years experience Series 6 & 7: _____
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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)	
<b>LIFE, ACCIDENT &amp; HEALTH</b>		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):	
<b>TOTAL OF ALL LINES OF BUSINESS SHOULD EQUAL 100%</b>			<b>100%</b>

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 (each claim/aggregate limit applies):

- \$1,000,000/\$1,000,000     \$1,000,000/\$2,000,000     \$1,000,000/\$3,000,000     \$2,000,000/\$4,000,000  
 Other: \_\_\_\_\_

33. Desired Deductible (each claim/aggregate deductible applies):

- \$2,500/\$7,500     \$5,000/\$15,000     \$7,500/\$15,000    Other: \_\_\_\_\_

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)

**RETURN APPLICATION VIA EMAIL: CINDY@WIAAGROUP.ORG OR FAX: 916-443-5559**

**ATTN: CINDY STYRON**

**Direct Line: 916-669-9003 OR 800-553-4221 Ext. 106**

**WIAA INSURANCE SERVICES**  
11190 SUN CENTER DRIVE # 100  
RANCHO CORDOVA, CA 95670  
800-553-4221 PHONE  
916-443-5559 FAX T6  
www.wiaainsurance.com