



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): _____

AGENCY PRINCIPAL(S) ARE REQUIRED TO HAVE AT LEAST THREE (3) YEARS OF INSURANCE INDUSTRY EXPERIENCE AS A LICENSED PROPERTY AND CASUALTY AGENT TO BE CONSIDERED FOR COVERAGE.

- 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: _____

- 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?
20. Yes No Percentage of management staff attending: _____%
(Firm may qualify for loss prevention credit. Please attach documentation of course completion.)
21. 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: _____%
22. Percentage of policies that are: Direct Bill: _____% Placed with a Carrier Service Center: _____%
23. Percentage of business placed through any State Administered Work Comp Funds: _____%
24. Are you a: Retail Agent _____% Wholesaler _____% Surplus Lines Broker _____% MGA _____%
25. Percentage of business placed: Direct with carriers _____% Through a Wholesaler or MGA _____%
26. Percentage of business placed with carriers that are: Admitted _____% Non-Admitted _____%
27. How many wholesalers are you contracted to write business through? _____
28. 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.	\$		

29. Percentage of commission income derived from: Personal Lines: _____% Commercial Lines: _____% Life & Health: _____%
30. 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%

31. 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.)
32. 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: _____

33. 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: _____

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

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

PROVIDE A COPY OF THE APPLICANT'S INSURANCE AGENT'S ERRORS AND OMISSIONS CARRIER LOSS RUNS FOR THE PAST 5 YEARS. THE LOSS RUNS MUST BE DATED WITHIN THE PAST 60 DAYS.

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 therefrom 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: PC@BROPROG.COM OR FAX: 714-978-2692

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 Programs Division
 Post Office Box 7048, Orange, CA 92863-7048
 Phone : 800-280-7250 Fax 714-978-2692
 California License Number OB02587

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or submits a 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.

Arkansas Fraud Warning	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.
Colorado Fraud Warning	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 the insurance proceeds shall be reported to the Colorado Division of Insurance with the department of regulatory agencies.
District of Columbia Applicants	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 an applicant.
Florida Fraud Warning	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.
Hawaii Warning	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.
Kentucky Fraud Warning	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
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.
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.
New Jersey Applicants	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico Applicants	Any person who knowingly presents a false and 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 civil fines and penalties.
New York Applicants	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.
Ohio Applicants	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma Applicants	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 a false or deceptive statement is guilty of insurance fraud.
Oregon Applicants	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.
Pennsylvania Fraud Warning	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.
Tennessee Fraud Warning	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia 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 include imprisonment, fines and denial of insurance benefits.
West Virginia Warning	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.