NATIONAL ASSOCIATION OF PROFESSIONAL AGENTS

8430 Enterprise Circle Suite 200
Lakewood Ranch, FL 34202
Phone: 877-524-0265
Fax: 941-907-9553

INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS PREMIUM INDICATOR

Return Completed Form to Christine_Dodge@ajg.com

Premium indications cannot be provided without ALL requested information on this form

Named Insured: _____

Contact: _____Phone:_____Email:_____

Owner Name: _____ Phone:_____ Email: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Year Established: _____ Number of Writing Agents: _____

Independent Contractor Producers: Exclusive: _____ | Non-Exclusive: _____

SECTION 1: GENERAL INFORMATION

1. Other than the business address provided above, how many additional locations does your business own or rent? _____

2. What best describes your business's ownership structure (select one):

Individual/Sole Proprietor ☐ Joint Venture ☐ Limited Liability Company ☐ Other

3. Is your Agency owned or controlled by any other firm, corporation or entity?: Yes ☐ No ☐

SECTION 2: BUSINESS OPERATIONS

1. Does your business provide any of the following services? Yes ☐ No ☐ If "Yes" Please Advise

Actuarial advice | Financing or financial auditing | Investment or tax advice | Legal advice
Lobbying and/or political advice | Medical advice | Mergers and acquisitions or business valuations

2. Does your agency collect overrides from agent activity: Yes: ☐ No: ☐ Number of Agents: _____

3. For the last 12 months or fiscal period what was your:
Premium Volume (PV) $_____ Gross Commission* $

Aviation:	%	Energy/Environmental/Pollution:	%
Crop:	%	Personal Lines:	%
Professional Liability:	%	Life and/or Health (Including Medicare):	%
Medical Malpractice:	%	Fixed/Indexed Annuities:	%
Long Haul Trucking:	%	Vision, Dental, Long Term Care, AD&D:	%
Other Commercial P&C: Describe:	%	All Other Insurance: Describe:	%

*If new entity with no current production, please use estimate amount for the upcoming fiscal year**

Please note, coverage does not extend to Mutual Funds, Variable Products (including Variable Life), Securities, or acting as an investment counselor or financial advisor (RIA / IAR)

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4. Does your business provide services in the capacity of the following? Yes ☐ No ☐ If "Yes" Please Advise

P&C Managing General Agent (MGA) | Managing General Underwriter (MGU) | Professional Employer Organization (PEO) | Program Administrator | Third Party Administrator (TPA) I Reinsurance intermediary Risk Retention Group (RRG) | Wholesale broker | Creator of Health Maintenance Organization (HMO)

5. Does your business provide insurance placement or advice for any of the following insurance products or services? Yes ☐ No ☐ If "Yes" Please Advise

Aviation insurance | Crop Insurance | Lawyer's liability insurance | Mining insurance | Long-haul Trucking Yacht insurance I Mining Insurance | Ocean wet Marine Insurance | Multiple Employer Welfare Arrangements (MEWA) I Variable annuities, Variable Life, Mutual Funds, Stocks, or Investment Bonds

6. Does your business perform an annual account review with each of your clients?
Always ☐ Sometimes ☐ Never ☐

7. If required by state law, do you or the principal of your firm maintain current and valid professional training, certifications, licenses or designations for all services you provide?
Yes ☐ No ☐ Not Required ☐

SECTION 3: CURRENT E&O INSURANCE COVERAGE

Effective Date: _____ Carrier: _____ Limits $: _____

Deductible $: _____ Premium $: _____ Retroactive/Prior Acts Date: _____

If there is current or renewing E&O coverage, please include a copy of the declarations page when returning this form.

Desired Limits $:_____/_____

SECTION 4: PRIOR EXPERIENCE

1.Have any prior E & O insurance policies been cancelled or non-renewed? Yes ☐ No ☐

2. Have you had any E & O Claims in the past FIVE years or do you have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes ☐ No ☐

If yes to any of the above, provide details including loss runs on a separate sheet of paper.

Each proposed insured represents that the statements set forth in the form are true and correct and that no material facts have been suppressed, misstated or omitted.

_____ _____ _____

Date Applicant's Authorized Signature Title