



INSURANCE AGENTS & BROKERS ERRORS & OMISSIONS INSURANCE APPLICATION

This is an application (the "Application") for a **Claims Made** Insurance Policy. Please answer all questions. If the answer to any question is none, state "None". If space is insufficient to answer any question fully, attach a separate sheets with applicable information. Please use the attached supplemental forms to provide additional information where applicable.

Current Date: _____

1. Applicant: _____

List DBAs: _____

Contact: _____ Tel: _____

Email: _____ Web Site: _____

2. Address: _____

Address of all other office locations or branches: _____

3. Applicant is: Corporation LLC Partnership Individual Other: _____

Year Established: _____

Names of all Owners and percentages owned: _____

Additional Insureds: _____

4. Does the Applicant conduct business with any entity that the Applicant or any of its officers has an ownership interest in? Yes No If yes, please attach a description.

Names of subsidiary operations and percentages owned: _____

During the past 5 years has:

The name of the Applicant been changed? Yes No

Has any operation or entity been discontinued? Yes No

Has any other business been purchased? Yes No

Have there been any changes in the Applicant's ownership? Yes No

If yes, provide details: _____

Does the Applicant operate outside the U.S.A.: Yes No

Is the Applicant engaged in, owned by, associated with or controlled by any other business: Yes No

Does the Applicant own, manage or control any other business: Yes No

Does the Applicant own, manage or control any insurance company, captive or RRG: Yes No

If yes to any of these questions, provide details: _____

List any association, trade group, agency group or cluster arrangements or memberships: _____

5. Number of total active staff:

	Full Time	Part Time
(a) Owners, Partners, Officers:	_____	_____
(b) Employee Producers, Agents, Brokers & Underwriters:	_____	_____
(c) Independent Contractors under contract:	_____	_____
(c) Other employees:	_____	_____
Total Staff:	_____	_____

List licensed owners, partners, officers, employee producers and independent contractors of Applicant. Use a separate sheet if necessary:

Name	Position/Title	Professional Designations	Years w/ Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many staff have completed an E&O loss prevention seminar in the last three years? ____%

Please provide a list of the states in which the Applicant, partners, officers & employees are licensed. _____

6. Provide the Applicant's actual or estimated annual premium volume and income figures for the years noted:

Fiscal Year	Premium Volume (x Life, A&H)	Net P/C Commissions & Fees	Life, A&H Commissions & Fees	Other Revenue (Attach Description)	Total All Revenues
Next (est)	_____	_____	_____	_____	_____
Current (est)	_____	_____	_____	_____	_____
Previous (act)	_____	_____	_____	_____	_____

Fiscal Year: From: _____ To: _____

Annual number of policies: Property/Casualty: _____ Life & Health: _____

7. What percent of the Applicant's annual premium volume is classified as:

a. Retail:	____%	Wholesale:	____%
b. Personal:	____%	Commercial:	____%
c. Admitted:	____%	Non-admitted (E&S):	____%
		Reinsurance:	____%
d. Standard Property/Casualty:	____%	Life, Accident & Health:	____%
Directors & Officers (D&O)	____%	Earthquake, Flood	____%
Prof Liability (x Med Mal):	____%	Aviation:	____%
Medical Malpractice	____%	Energy (oil/gas, etc)	____%
Wet Marine:	____%	Reinsurance:	____%
Bonds:	____%	Trucking:	____%
Crop Hail:	____%	Stop Loss:	____%
Livestock Mortality:	____%	Other (Explain):	____%

8. Describe specialty(ies) and the functions performed in the specialty(ies). _____

Describe any concentrations of business by type of client, industry group, class or line of business: _____

9. Does the Applicant engage in any of the following activities: If yes, provide annual revenues:

	Current Revenues	Next Years Estimated
Insurance Agent/Broker	\$ _____	\$ _____
Excess and/or Surplus Lines Broker	\$ _____	\$ _____
Managing General Agent/General Agent	\$ _____	\$ _____
Program Administrator	\$ _____	\$ _____
Premium Finance	\$ _____	\$ _____
Reinsurance Intermediary	\$ _____	\$ _____
Consultant	\$ _____	\$ _____
Third Party Administrator/Claim Adjustment	\$ _____	\$ _____
Insurance Company/Captive Management	\$ _____	\$ _____
Risk Management Consulting	\$ _____	\$ _____
Inspection, Safety and/or Loss Control	\$ _____	\$ _____
Actuarial Services/Consulting	\$ _____	\$ _____
Investment/Mutual Fund	\$ _____	\$ _____
Other - Please Describe	\$ _____	\$ _____

10. Attach a list of all insurance or reinsurance companies in which business has been placed in the last year with annual premium volume (printout from agency system is acceptable).

Attach a list of all agents, brokers, wholesale brokers and MGAs/Program Administrators in which business has been placed in the last year with annual premium volume (printout from agency system is acceptable).

11. Is binding or underwriting authority delegated to any sub-producers or other entities? Yes No

If yes, provide details: _____

Does the Applicant place coverage with, design, manage or administer self-insurance programs, captives, risk retention groups, multiple employer trusts (METs), or multiple employer welfare arrangements (MEWAs):

Yes No If yes, explain: _____

Does the Applicant segregate fiduciary funds (premiums, etc.) in a dedicated bank account separate from operating funds: Yes No If no, provide details on the handling of fiduciary funds: _____

12. What agency management system is used: _____
 What systems and information backup procedures are in place: _____
 Describe any transactional functions on the Applicant's web site: _____
 Describe any online quoting done with the Applicant's markets: _____

13. Office Procedures:
- | | YES | NO |
|---|--------------------------|--------------------------|
| Is all incoming correspondence (mail, fax, e-mail, etc.) date stamped? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are copies of all binders mailed, emailed or faxed to the client? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are <u>only</u> written binders used: (ie: no verbal binders)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any procedure for documenting telephone conversations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a process for retaining all e-mails? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a backup procedure to cover personnel away from the office? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a diary/suspense system standardized and used? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an office policy & procedures manual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a procedure to ensure privacy of client information? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do staff have an in-house training or continuing education program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an orientation program for new employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a coverage checklist used for all clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a procedure used to document flood, EPL & other specialty coverages? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all sub-agents carry E&O coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are clients advised in writing of carriers with weaker financial ratings? | <input type="checkbox"/> | <input type="checkbox"/> |

14. List all Errors and Omissions insurance carried during the past five years.

Inception Date	Expir. Date	Insurance Company	Limits of Liability	Deduct.	Premium	Claims Made
<u>Mo/Day/Yr</u>	<u>Mo/Day/Yr</u>	<u>Company</u>	<u>Liability</u>	<u>Deduct.</u>	<u>Premium</u>	<u>Y/N</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Retroactive date of the expiring insurance. (If none, state "None.") _____ Please attach a copy of the expiring declarations page showing the retroactive date.
 If insurance has expired or was non-renewed, was an extended reporting period purchased? Yes No
 If yes, provide period: _____

Does the Applicant purchase employment practices liability insurance (EPL)? Yes No Limit: _____
 Does the Applicant purchase data breach, privacy or cyber risk insurance? Yes No Limit: _____

15. Has any application for similar insurance on behalf of the Applicant, any partner, officer, director or employee of the Applicant, or any of its predecessors in business been declined or cancelled, renewal of such insurance refused, or any special terms imposed: Yes No If yes, provide full details: _____

16. Has the Applicant, any person proposed for this insurance or any employee of the Applicant ever had any insurance license revoked or suspended, or been fined or disciplined in any way, by any governmental licensing agency or other regulatory body: Yes No If yes, explain: _____

17. Have any claims or suits been made against the Applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, brokers or employees: Yes No
If yes, complete the Claim Information Supplement (attached), giving details and the status of each and every claim.

18. Is the Applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the Applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, brokers or employees: Yes No
If yes, explain using the Claim Information Supplement (attached).
If yes, have all of these circumstances, errors, omissions or offenses which may result in a claim being made been reported to the Applicant's current or prior errors and omissions insurer? Yes No
It is agreed that if such knowledge or information exists, any claim or action arising therefrom is excluded from the proposed coverage.

I/We, the Applicant, hereby declare that the particulars and statements in this Application and accompanying exhibits are true and that I/we have not omitted or suppressed or misstated any material fact and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any act, error of, or omission on, the part of me/us or any proposed insured, except as detailed in this Application, and agree that this Application and accompanying exhibits shall be the basis of any policy of insurance which may be issued and shall be deemed a part thereof.

I/We accept notice that any policy which may be issued will apply on a "Claims-Made" basis.

It is also agreed that notice of a claim or incident in a Claim Information Supplement or other form attached to this Application for renewal is not notice of claim as noted within an insurer's policy. Any such notice of claim must be made separately from and in addition to this Application for renewal. It is agreed that claims made, incidents reported, or incidents which I/we are aware of, prior to the inception of the proposed coverage, are excluded from this proposed coverage.

I/We also hereby authorize Tennant Risk Services Insurance Agency, LLC, by signing this Application, to contact third parties and obtain any details of prior losses or any other information which may be deemed important.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR ANY COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

Applicant Signature

Printed Name

Date

Title

INSURANCE AGENTS & BROKERS
PROFESSIONAL LIABILITY INSURANCE APPLICATION

Claim Supplement

Complete one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.

Full name of claimant(s): _____

Alleged act, error or omission upon which claimant bases claim:

Description of events leading to claim, including date of alleged act, error or omission:

Indicate: Claim/suit: _____ Reported incident: _____ Open: _____ Closed: _____

Additional defendants and the insurer providing the underlying coverage:

Current Status of claim: _____

Claim/incident reported to the Errors and Omissions insurer: Yes No

Date reported: _____ Insurer: _____

Limit: _____ Deductible: _____ Effective Date: _____

Has coverage for the claim/incident been denied by any Errors & Omission insurer: Yes No

If yes, why: _____

Claimant's total settlement demand: \$ _____

Insurer's Reserves/Loss Payments:	Reserved	Paid
Loss Amounts:	_____	_____
Defense & claims expenses:	_____	_____
Total Reserved/Paid:	_____	_____

I/We understand information submitted herein becomes a part of my/our Application and is subject to the same conditions.

Applicant Signature

Printed Name

Date

Title