



Premium Indication Request

This form can only be used to provide a premium indication. It does not replace the required carrier application. There is no guarantee a firm quote will be offered or coverage provided.

Contact Name _____ Agency Name _____
Address _____ City St Zip _____
Phone: _____ FAX: _____ Email: _____

Date Agency Established: _____ Years of Insurance Experience _____ Years of Exp. as an Independent Agent _____
(mm/dd/yy)

STAFF SIZE (includes agency principals, producers and support staff)

FT _____ # PT _____ (less than 20 hrs/wk) Independent Contractors: # FT _____ #PT _____

Property/Casualty Premium Volume \$ _____ Property/Casualty Commissions \$ _____
Life/Health Commissions \$ _____ Consulting/Fees \$ _____

% BUSINESS PLACED A) Directly with Admitted Carriers _____% B) Directly with Surplus Lines Carriers / Through
Surplus Lines Brokers _____% C) Through other agencies _____% D) As an MGA _____% E) As a TPA _____%

% BUSINESS ACCEPTED FROM OTHER AGENCIES _____%

CARRIER INFORMATION: List top 3 primary carriers & % of business placed with each:

1) _____% 2) _____% 3) _____% % rated B+ or better? _____%

PRODUCT LINE: (% of Prop/Cas and Life/Health should equal 100% of your total premium volume)

Prop/Cas _____% Breakdown of P/C (total 100% of Prop/Cas %): Pers. Auto/Home _____% Non-Standard Pers. Lines _____%
All other Pers Lines _____% Commercial Lines _____% Spec. Lines * _____% *Describe _____

Life/Health _____% Breakdown of L/H (total 100% of L/H %): Indiv. Life _____% Indiv. Health _____% Group Health _____%

CLAIMS INFORMATION:

1. Within the last five years has anyone in your agency reported an incident or claim to your E&O carrier? ** Yes No
2. Within the last five years have any of your E&O carriers paid a claim on your behalf? This would include **any money paid**
for damages and/or expenses ** Yes No ****If you marked Yes to any of these questions please complete and return
the attached Claims Information Supplement**

AGENCY PROCEDURES/OPERATIONS

Employee Handbook Yes No Office Procedure Manual Yes No Tickler/Followup System Yes No
Date Stamp Mail Yes No Staff Training Program Yes No Exposure analysis checklist Yes No
Agency Management System None AMS Applied SIS Doris Other _____

Most recent E&O Loss Prevention Seminar attended (month/year): _____ Seminar sponsor _____

CURRENT E&O COVERAGE INFORMATION / COVERAGE DESIRED

Carrier: _____ Exp. Date: _____ Retro Date: _____ Premium _____
Limit/Agg: _____ Deductible _____ Deductible Type Loss Only Loss plus expense
Years of Continuous E&O: _____
Desired Limit: _____ Desired deductible _____ Desired Effective Date _____

ADDITIONAL COVERAGES DESIRED

Mutual Funds (series 6 or 63 licensed) Stocks, bonds, & mutual funds (series 7 licensed) Real Estate
Limit _____ Deductible _____ # of licen staff _____ % of agency income _____
 Commercial Umbrella (will extend over E&O) Employment Practices Liability