



Utica National  
Insurance Group

**QUICK NOTE / QUICK QUOTE for *Life & Health Agents***

**From the Errors & Omissions Experts**

**Please Complete For an E&O Premium Indication (Not Applicable to "Captive" Agents)**

**Agency Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
(or Individual Named Insured)

**Address** \_\_\_\_\_ **Fax** \_\_\_\_\_  
\_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Effective Date** \_\_\_\_\_

**Independent Agent/Agency Since?** \_\_\_\_\_ **# Years Licensed** \_\_\_\_\_ **Full Time / Part Time?**

**Annual L&H Commission \$** \_\_\_\_\_ **Fees / Other Commissions? \$** \_\_\_\_\_  
(Including New and Renewal)

**Other Income? \$** \_\_\_\_\_ **Received From?** \_\_\_\_\_

**Mutual Funds? Yes / No**      **Currently Covered? Yes / No**      **Series License Held?** \_\_\_\_\_

**# of Persons with NASD License?** \_\_\_\_\_ **Limit \$** \_\_\_\_\_ **Deductible \$** \_\_\_\_\_

**Any Third Party Administrative Activities? Yes / No**      **Currently Covered? Yes / No**

**Property & Casualty Premium if any \$** \_\_\_\_\_ **Number of P&C Employees** \_\_\_\_\_

**Personal Lines %** \_\_\_\_\_ **Commercial Lines %** \_\_\_\_\_ **Broker %** \_\_\_\_\_

**1099- Sub Agents under \$50,000 # agents** \_\_\_\_\_ **Sub Agents over \$50,000 # agents** \_\_\_\_\_  
(Placing coverage thru your agency or contracts / Annual Commission Dollars under / over \$50,000)

**Current Liability Limit \$** \_\_\_\_\_ / \$ \_\_\_\_\_ **Deductible \$** \_\_\_\_\_ / \$ \_\_\_\_\_

**Current E&O Carrier** \_\_\_\_\_ **Retro-Active Date (if any)** \_\_\_\_\_