



Swett & Crawford

INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS COVERAGE APPLICATION

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- (a) Full name of applicant agency _____
- (b) Phone #: _____ Email: _____ Fax #: _____
- (c) Address: _____
- (d) Corporation Partnership Individual
- (e) Number of Employees: Full time _____ Part time _____ Total _____
- (f) Year business established _____ (Please provide resume of principal(s) if less than 10 years old)
- (g) Member of agents/brokers associations: PIA NAPLSO AAMGA IIAA
- (h)
- (h1) Number of branches: _____
- (h2) Please attach list of each branch location.

2. APPLICANT OPERATIONS

- (a)
- (a1) Do you or any of your principals own, control or act as director or officer of any other insurer, reinsurer or other insurance-related entity? Yes No
- If yes, please identify entity and relationship _____
- (a2) During the past five years, has your name been changed, or has any other business purchased, merged or consolidated with you? Yes No
- If yes, give dates names' premium volumes and details _____

- (b)
- (b1) Name of each shareholder and percentage owned _____
- (b2) Are you owned or controlled by or under common ownership or associated with any other business or entity? Yes No
- If yes, provide name, percentage or ownership and description of business of parent or controlling interest. _____

- (c) Names of owned or controlled subsidiary operations and percentage owned:
Note: Indicate at the left with an 'X' those entities 100% owned to be shown as additional Insureds, and provide narrative description of operations on separate sheet.
- | | | |
|--|---|--|
| | % | |
| | % | |
| | % | |
| | % | |

- d. Please List:
- (d1) Types of commercial accounts written (e.g. restaurants, manufacturing, light industrial, municipalities, etc.): _____
- (d2) Classes of business you specialize. _____

- (e) Do you place any business in or have any involvement with any self-insured captive or Risk Retention Act Program, Multiple Employer Trust or Multiple Employer Welfare Arrangement? Yes No
- If yes, please describe, including premium volume and fees: _____

- (f) List the complete names of the insurance companies in which you place business and which account for at least 85% of your total premium volume. (Attach separate sheet if necessary.)
- | | | |
|--|---|--|
| | % | |
| | % | |
| | % | |
| | % | |



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2. (g)

(cont.) (g1) Give number of your total staff (including part-time):

Active partners, directors, officers, owners: _____
 Employed solicitors, brokers: _____
 Other employees _____
 Total: _____

(g2) Provide list of names of partners or Officers on a separate sheet

(h) Reinsurance placed: Volume \$ _____

Facultative _____ %
 Treaty _____ %

Total _____ 100%

(i) Do you operate outside of the U.S.A?

Yes No

If yes, attach a description of operations, locations and annual premium volume.

(j) Year 2,000 computer systems issue:

(j1) Does your computer system store a four-digit year?

Yes No

If no, please describe measures taken to correct the system and the estimated correction completion date. _____

3. APPLICANT REVENUE

(a) What percentage of total income comes from:

(a1) Insurance _____ %	Annuities _____ %
Premium Financing _____ %	Fixed _____ %
Real Estate _____ %	Variable _____ %
Mutual Funds _____ %	_____ %
Other- specify _____ %	_____ %

Total = _____ 100%

(a2) Give dollar volume of mutual funds sales in last 12 months.

Fees generated in the last 12 months from operations listed below:

Claims Adjusting	\$ _____
Counseling (Insurance Programs)	\$ _____
Real Estate Appraisal	\$ _____
Engineering	\$ _____
*Third Party Administrator	\$ _____
Administrator for Insured Plans	\$ _____
Other _____	\$ _____

*If operations, include third party administration, supplemental application must be completed.

(a3) Other than those listed above are you or any of your principals engaged in any other business?

Yes No

If yes, please describe _____

(a4) Approximate percentage of the total annual volume you do as:

I. Agent _____ %	II. Retailer or Business _____ %
Broker _____ %	direct from insureds _____ %
Managing General _____ %	Wholesale or _____ %
Surplus Lines Broker _____ %	Business accepted _____ %
Consultant (for fee) _____ %	from other _____ %
Other (specify) _____ %	agents _____ %
Must Total _____ 100%	Must Total _____ 100%

(b) Total annual premium volume for:

Surplus Lines _____ % Assigned Risk, Governmental Pool and Fair Plan _____ %





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(c) Total annual premium volume

(c1) Life and Accident/Health:
 (c2) Group Life, Accident/Health: \$ _____ Volume _____ %
 (c3) Individual Life, Accident/Health: \$ _____ Volume _____ %
 Total \$ _____ %

(c4) Personal Lines:

Automobile: \$ _____ Volume _____ %
 Homeowners: \$ _____ Volume _____ %
 Other Personal Lines
 written, by line: \$ _____ Volume _____ %
 _____ \$ _____ Volume _____ %
 _____ \$ _____ Volume _____ %

(c5) Commercial Lines:

General Liability: \$ _____ Volume _____ %
 Workers' Compensation: \$ _____ Volume _____ %
 Commercial Auto: \$ _____ Volume _____ %
 Commercial Multi-Peril: \$ _____ Volume _____ %
 Other Commercial Property: \$ _____ Volume _____ %
 Inland Marine: \$ _____ Volume _____ %
 Wet Marine*: \$ _____ Volume _____ %
 Bonds – Surety: \$ _____ Volume _____ %
 Bonds – All Other: \$ _____ Volume _____ %
 Aviation*: \$ _____ Volume _____ %
 Umbrella/Excess: \$ _____ Volume _____ %
 Physicians & Hospital: \$ _____ Volume _____ %
 Professional Liability: \$ _____ Volume _____ %
 Other Professional
 Liability/D&O: \$ _____ Volume _____ %
 Other (specify): \$ _____ Volume _____ %
 _____ \$ _____ Volume _____ %
 _____ \$ _____ Volume _____ %
 Total: \$ _____ Volume _____ %

* If 20% or more of agency's volume is wet marine or aviation, supplemental application must be completed.

(d)

(d1) Premium Volume:

Two Years Prior 19 _____ \$ _____
 One year Prior 19 _____ \$ _____
 Current Year 19 _____ \$ _____
 Next Year 19 _____ \$ _____

(d2) Commission:

Actual last fiscal year: through _____ / _____ / _____ \$ _____
 Estimated next fiscal year: through _____ / _____ / _____ \$ _____

(d3) Premium written under your surplus lines licensed: \$ _____

(d4) Number of policies

Next 12 months _____ Current 12 months _____

(e) List all insurance companies and volume of business you placed with companies having an A.M. Best Rating of B or below, or with companies not currently rated:

Companies	Volume
_____	\$ _____
_____	\$ _____
_____	\$ _____





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(f) What volume of total annual premium for the agency is currently placed with:

(f1) Lloyd's of London: _____

(f2) Other foreign insurers _____

(f3) Please list foreign insurers and brokers below:

(g) List subagents, independent contractors or office brokers (individuals paid on a commission only basis) to be NAMED as Limited Additional Insureds, and annual premium volume for each:

Name	Premium Volumes
_____	\$ _____
_____	\$ _____
_____	\$ _____

* Note: This premium volume must be included in items 3(c) and 3(d).

4. FOR MANAGING GENERAL AGENTS AND ADMINISTRATORS OF INSURED PROGRAMS

(a) List all companies for whom you are Managing General Agency or Program Administrator or have binding authority (Attach separate sheet if necessary.)

Company	Lines of Insurance	Number of Years	Premium Volume	Loss Ratio Each of Last Three Years
_____	_____	_____	_____	_____% _____% _____%
_____	_____	_____	_____	_____% _____% _____%
_____	_____	_____	_____	_____% _____% _____%

(b) Producers:

(b1) Number from whom you receive business: _____

(b2) Number that you have appointed as agents with binding authority _____ Premium Volume: \$ _____

(b3) Lines of business for which they are granted authority: _____

(b4) What supervision do you exercise over them? _____

(c) List all other companies for which you have been Managing General Agent or Program Administrator or agent with binding authority in the past five years. _____

(d) List all functions you perform as Managing General Agent or Program Administrator or agent with binding authority, including rating, quoting, claims handling, policy issuance, etc. _____

(e) Specify the maximum limit and claim handling authority for each carrier with which you have binding authority

	Limits	Carriers	Claim Handling Authority
Marine/Inland	\$ _____	_____	_____
Marine/Wet	\$ _____	_____	_____
Property	\$ _____	_____	_____
Casualty	\$ _____	_____	_____
Aviation	\$ _____	_____	_____
Life/Accident	\$ _____	_____	_____
Medical	\$ _____	_____	_____

5. APPLICANT HISTORY

(a) List prior Insurance Agents & Brokers E&O coverage for the past three years. If none, state none.

Insurer	Policy #	Limits of Liability	Deductible	Expiring Premium	Effective & Expiration Mo/Day/Yr
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____





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5. (b) Has any application for similar insurance on behalf of you, or any of your partners, executive officers or directors, or to your knowledge, on behalf (cont.) of the predecessors in business, ever been declined, canceled or renewal refused? Yes No

If yes please explain: _____

(c) Have any claims been made during the past five years against you, or any of your past or present partners, officers, directors, solicitors, office brokers, or employee, any predecessors in business or against any corporation that any proposed Insured was formerly employed by associated with or had an interest in? Yes No

If yes, please attach a statement giving details and status of each claim including dates basis of claim, amount of claim. deductibles, payments, open reserves.

(d) Are you, or any of your partners, officers directors, solicitors, office brokers or employees, aware of any circumstances or any allegations or contentions of any incident which may result in a claim against you, your predecessors in business or any past or present partner, officer, director, solicitor, office broker or employee? Yes No

If yes, please attach a statement giving details.

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy. Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a Fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY:I warrant to the Insurer; that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Swett & Crawford.

Signature of Applicant _____

Title (Officer, partner, etc.) _____

Date _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, But one copy of this application will be attached to the policy. if issued.

