

# Swiss Re Corporate Solutions America Insurance Corporation

## Application For "Claims Made" Insurance Policy Insurance Agency Professional Liability (E&O)

1. Agency's <b>Legal Entity Name:</b> _____			
Organization Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			
Street Address: _____			
County: _____	City: _____	State: __	Zip: _____
Mailing Address: _____	City: _____	State: __	Zip: _____
Name of agency E&O Contact _____			
E-Mail Address: _____		Website Address: _____	
Phone: _____			

2. Date entity established: ____ / ____ / ____ (month/day/year) <i>(If less than 3 years attach resume &amp; business plan)</i>
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3. If your agency is a member of the state independent insurance agents' association, please provide the agency's <b>Active Directory ID No.:</b> _____
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4. Is coverage requested for any majority owned additional insurance agency entities or trade names (DBA entities) not previously listed on the policy? If <b>Yes</b> , please complete the Additional Entity Supplement..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Yes	No
5. In the last 5 years, has any past or present agency personnel been the subject of complaints filed, investigations, and/or disciplinary action by any insurance or other regulatory authority or been convicted of a criminal activity? If <b>Yes</b> , please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Potential claims:</b> If this is a new business application, after inquiry of each agency personnel, are there known circumstances or incidents which may result in a breach of privacy claim or an errors and omissions claim being made against your agency and/or the agency's personnel? If <b>Yes</b> , please attach a claims supplement for each potential claim.	<input type="checkbox"/> n/a	<input type="checkbox"/>
7. <b>Actual claims:</b> Have any breach of privacy claims or errors and omissions claims or incidents been made against your agency in the last 5 years, which have not been previously reported to [ Insert Company Name Here ]? If <b>Yes</b> , please attach a claim supplement for each claim.	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your agency paid any claims out of agency funds within the last 5 years, which have not been previously reported to [ Insert Company Name Here ]? If <b>Yes</b> , please attach a claims supplement for each incident	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your agency receive greater than \$300,000 in self-insured A&H commissions annually?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your agency design, manage or administer Captives, Self-Insured Funds, Risk Retention Groups (RRG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)?	<input type="checkbox"/>	<input type="checkbox"/>

	Last 12 Months	Next 12 Months (Est.)
11. a) Total P&C <b>new &amp; renewal premiums</b> written annually (Including Crop)	\$ _____	\$ _____
b) Total P&C <b>new &amp; renewal annual commissions</b> (Including Crop)	\$ _____	\$ _____
c) Total Life and A&H <b>new &amp; renewal annual commissions</b>	\$ _____	\$ _____

12. Please provide your agency's percentage of annual premium from: <b>Commercial Lines:</b> _____% <b>Personal Lines:</b> _____%
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13. What percentage of <b>Property &amp; Casualty</b> annual premium is placed <b>directly with carriers?</b> _____% (ie. Not through a broker, wholesaler, surplus lines broker, MGA, or another agency)
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14. Do you accept and place business on behalf of other agencies:	
a. As a broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , percentage of business placed: _____%
b. As an MGA?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , percentage of business placed: _____%
Number of sub-producers _____	
Are E&O Certificates of Insurance required from all sub-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>15. Please provide your agency's percentage of written premium from the following lines of business.</b>			
<b>High Hazard Commercial Lines</b>			
Aviation	____%	Long-Haul Trucking	____%
Bonds - Surety/Contract	____%	Medical Malpractice	____%
Bonds - other	____%	Professional Liability Non-Medical/D&O	____%
Crop Coverage	____%	Umbrellas/Excess	____%
Flood	____%	Wet Marine	____%
Livestock Mortality	____%		
<b>Personal Lines</b>			
Auto-Non-Standard	____%	Watercraft	____%

<b>16. Is coverage requested for any of the following activities?</b>	<b>Yes</b>	<b>No</b>	<b>Revenue</b>
Human Resources Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Premium Finance Company Services provided for agency policyholders	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fee-Based Services To Other Insurance Agencies	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Wellness Provider Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Wellness Program Referrals - <b>Provider Name:</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
COBRA Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fee-Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fee-Based Loss Control/Risk Management <b>with</b> Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fee-Based Loss Control/Risk Management <b>without</b> Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Loan Origination - <b>Lender Name:</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Pre-Paid Legal (PPL) Services - <b>Provider Name:</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mutual Fund Sales or Investment/Securities Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Estate Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Safety Consultant	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Third-Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Motor Vehicle Title (MVTS) Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
PEO Marketing - <b>PEO Name:</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
PEO Referral (Referring clients to a PEO Broker)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
P&C Adjuster	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Investment Adviser	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employee Benefits Specialist	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other: <i>(describe)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<b>17. Personnel Count</b> <i>(each individual should be counted only once)</i>	<b>Full-Time</b>	<b>Part-Time</b>
a) Active Owners, Officers, Partners	_____	_____
b) Licensed Employee Solicitors, Brokers, Agents, CSRs	_____	_____
c) Other Employees (Including Clerical)	_____	_____
d) Non-Employee Producers (Exclusive & Non-Exclusive)	_____	_____
<b>TOTAL STAFF:</b> _____	_____	_____

18. What % of staff have insurance agency experience:	Less than 3 yrs.: _____%	3-5 yrs.: _____%	>5 yrs.: _____%
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<b>Office Procedures</b>	<b>Yes</b>	<b>No</b>
19. Does your agency have written procedures that require the following:		
a) Documentation of all client communication (ie. in-person, phone, email, text)?	<input type="checkbox"/>	<input type="checkbox"/>
b) Use of a coverage checklist on proposals?	<input type="checkbox"/>	<input type="checkbox"/>
c) Maintenance of written documentation of all rejections of coverage or offers of higher limit(s)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your agency use an automated agency management system?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you encrypt or use other measures to protect personal data when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>

22. Provide the following on the agency's expiring professional liability insurance (✓ if "None" )  
*If new applicant, please attach a currently valued 5-year loss run*

Name of Carrier	Expiration Date	Limit of Liability	Premium	Policy Retro Date (if "Full Prior Acts", ✓ box)
_____	____/____/____	\$ _____	\$ _____	____/____/____ <input type="checkbox"/>

Requested Effective Date
____/____/____

Requested Limit of Liability	Requested Deductible
\$ _____	\$ _____

**NOTICE TO APPLICANT**

I hereby authorize the release of claim information from any prior insurer to us.

I understand and accept that the policy applied for provides coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

For your protection, the following Fraud Warning is required to appear on this application:

[Insert Applicable Fraud Language]

**Applicant understands and agrees that the completion of the application does not bind [ Insert Company Name Here ] to issuance of an insurance policy.**

Applicant hereby represents that the statements and answers to the questions made above and the attachments hereto are true and applicant has not omitted or misrepresented any information and understands and agrees that this application shall become the basis of any coverage that may be issued by [Insert Company Name Here].

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)

*The applicant understands and agrees that any changes in the information provided in this application which occur after the date of the application must be reported to us.*

# Swiss Re Corporate Solutions America Insurance Corporation

## SUPPLEMENTAL APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY FOR INSURANCE AGENCY PROFESSIONAL LIABILITY (E&O)

<b>Agency Name</b> _____	<b>Policy No.</b> _____
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1. During the last 5 years, has your agency experienced any of the following changes that have not been previously reported to us:		
a) Change in agency name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Change in agency ownership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Acquisition/Merger of book or agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. List the top 5 agency-contracted Property & Casualty Insurance Carriers by annual premium:	
Name of Insurance Carrier	Annual Premium
	\$
	\$
	\$
	\$
	\$

3. Does the agency write more than 50% of their business in non-resident states?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does the agency write more than 20% of their business for petroleum accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does the agency write any hazardous waste accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does the agency place any facultative or treaty reinsurance or serve as a reinsurance intermediary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_