



INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS PREMIUM INDICATOR

Return Completed Form to Joseph Peters at joe_peters@ajg.com or fax to 727-796-6285

SECTION 1: GENERAL INFORMATION

Name of Applicant: _____
 Contact: _____ Title: _____
 Phone: _____ Fax: _____ Email: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Year Established: _____ Number of Full-Time Staff: _____

SECTION 2: BUSINESS OPERATIONS *If new entity with no current production, please use estimate amount for the upcoming fiscal year.

1. For the last 12 months or fiscal period what was your:
 Premium Volume (PV) \$ _____ Commission \$ _____
(Wholesalers net commission only)

2. What Percentage of the PV or Commission is derived from: *Needs to equal 100%

Aviation:	%	Wet Marine:	%
Crop:	%	Personal Lines:	%
Professional Liability:	%	Energy/Environmental/Pollution:	%
Medical Malpractice:	%	All Other Insurance:	%
Long Haul Trucking:	%	Policy Fees & Financing:	%

3. Do you effect reinsurance? Yes No If yes, provide details on a separate sheet.

SECTION 3: CURRENT INSURANCE COVERAGE

Effective Date _____ Carrier _____ Limits \$ _____

Deductible \$ _____ Premium \$ _____ Retroactive/Prior Acts Date _____

Does your deductible apply to both loss and defense costs? Yes No

Are defense costs in addition to your limits? Yes No

Premium indications can not be provided without ALL of this information.

SECTION 4: PRIOR EXPERIENCE

Have any prior E & O insurance policies been cancelled or non-renewed? Yes No

Have you had any E & O Claims in the past FIVE years or do you have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No

If yes to any of the above, provide details including loss runs on a separate sheet of paper.

Each proposed insured represents that the statements set forth in the form are true and correct and that no material facts have been suppressed, misstated or omitted.

 Date
 INS 8/12

 Applicant's Authorized Signature

 Title