

Professional Insurance Brokers, Inc.

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INSURANCE AGENTS APPLICATION FOR PROFESSIONAL LIABILITY

1. Name of Agency: _____ Date Established: _____
2. Contact Name: _____
3. Phone: _____ Fax: _____ Email address: _____
4. Risk Address: _____
5. Mailing Address: _____
6. Number of years insurance agency experience: _____ Number of years continuous E&O coverage: _____
(If experience is less than 5 years, please attach resume)
7. Name of current E&O carrier: _____ Current Retro Date: _____ Policy Eff Date: _____
8. Limits and deductible currently carried: _____ Premium: _____
9. Please provide the following based on the last 12 months of operation:
Agency P & C premium volume \$ _____ Agency Life/A & H commission income \$ _____
Agency P & C commission income \$ _____ Consulting/Fees\$ _____
10. The applicant is: Individual ___ Partner ___ Corporation ___ Other (Describe) _____
11. Total Staff Size _____ full time _____ part-time (including Owners, Officers, Partners, CSR's, etc.)
Non Employee Producers: _____ f/t _____ p/t (1099 producers)
Number of employees with professional designations (CIC, CPSR, CISR, CPSU, CLU): _____
Number of employees with at least 3 years experience: _____
12. Has the Applicant had any E & O claims in the past 5 years? Yes No
 - a. Has the Applicant been the subject of disciplinary action or investigation? Yes No
 - b. Does the Applicant have any knowledge of any potential E & O claim(s)? Yes No
 - c. Has the Applicant been declined, cancelled or non-renewed? Yes No(If yes to any of the above please attach an explanation with details.)
13. Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past two years? ___ YES ___ NO Who Sponsored: IIAA _____ PIA _____ Other _____
14. What percentage of total income comes from one or more of the following: loss control inspection or safety consulting, property appraisal for a fee, third party administration services, and employee insurance benefit consulting, estate insurance planning, consulting for a fee or placement of pre-paid legal services memberships? _____%
15. Number of companies represented with B + or lower A.M. Best Rating: _____
16. Percentage of business placed with carriers: Direct _____% Broker _____%
17. Percentage of business placed with carriers: Admitted _____% Non-admitted _____%
18. Percentage of business placed: Retail _____% Wholesale _____%
19. List all carriers business is placed with, including those accessed via broker, wholesalers or MGA.

Insurance Company	Admitted	Volume Placed	Current " Bests Insurance Ratings "
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

20. Business you placed as an: Agent _____% Broker _____% Surplus lines agent _____% MGA _____%
21. Percentage of Personal Lines: _____% Commercial Lines: _____% Life, A&H: _____%
22. Indicate the percentages of the Applicant's premium volume derived from each line of business listed below which should total 100%.

PERSONAL LINES	%	COMMERCIAL LINES	%
Auto (Standard)		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (Non-BOP)	
Other (Describe):		Workers' Comp (Non-retrospective Rated)	
		Workers' Comp (Retrospective Rated)	
LIFE, ACCIDENT & HEALTH		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine/Ocean Marine	
Group Health		Professional Liability/Medical Malpractice	
Financial Products (series 6):		Other (Describe):	

Office Procedures (loss control credits are given in this area)

- a. Are copies of binders mailed to insured and/or the company promptly? Yes No
- b. Is there a procedure for documenting phone conversations? Yes No
- c. Is a policy expiration list maintained? Yes No
- d. Are all policies and endorsements checked for accuracy? Yes No
- e. Does agency have a diary/suspense system? Yes No
- f. Does the Applicant have an Office Procedures Manual? Yes No
- g. Does Applicant document a client's refusal to accept coverage/limits limitations? Yes No
- h. Does agency utilize a computerized production and accounting system? Yes No
- i. Is incoming mail date stamped? Yes No
- j. Does the Applicant delegate binding authority to sub-producers? Yes No
- k. Are requests required to be in writing when a customer desires their insurance Reduced or Eliminated? Yes No
- l. Does the Applicant adjust claims? Yes No
- m. Does the Applicant place business with Lloyd's underwriters directly? Yes No

23. What percentage of the Applicant's business is:

- (a) Received direct from insured's? _____% (b) Accepted from other producers? _____%

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

Applicant Signature: _____ Date: ____ / ____ / ____