## **INSURANCE AGENTS ERRORS & OMISSIONS**

PREMIUM INDICATION ONLY

## FOR A QUOTE, RETURN THIS APPLICATION VIA FAX TO (323) 661-5597

1. Agency Name	,	77.4.4.C.A. W. W. J.	
Address		City	State
Zip Code	Phone	Fax	
Email:		_Website:	a solvente est establishmen en e
2. How many agents/brokers em	ployed?	Date your Agency was estab	lished//
3. Please give approximate perc	entage breakdown o	of the total premium volume.	
% Retail A	gent (Business placed dir	rectly with Insurance Companies, JUA's or assigned	risk pools, etc.)
% Retail B	Broker (Business placed th	hrough other agents, MGA's, Wholesalers, etc.)	
% Wholesa	le Broker (Business rece	eived from other non-employee or contract brokers or ag	ents and placed by your agency.,
4. Breakdown of Business by lin	ne of coverage:		
PERSONAL LINES:	*		
Automobiles	%		
Homeowners	%		
Other Personal Lines	%		
COMMERCIAL LINES			
Workers Compensation	%	Bonds	%
Commercial Auto	%	Aviation	%
Commercial Multi-Peril	%	Umbrella/Excess	%
Inland Marine	%	Long Haul Trucking	%
Ocean/Wet Marine	%	Professional Liability	%
Other Commercial Property	%	Life, Accident & Health	%
LAST YEAR PREMIUM VOLUME		LAST YEAR COMMISSIONS	
THIS YEAR PREMIUM VOLUM	Е	THIS YEAR COMMISSIONS	
5. Have you had any claims in th	ne last five years?	l Yes □ No	
6. Current Carrier		Limit	50.00
Deductible	Exp Date/	/ Retro Date// Premi	um
Owner's Signature			Date / /