

INSURANCE AGENTS ERRORS & OMISSIONS

PREMIUM INDICATION ONLY

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

1. Agency Name _____
Address _____ City _____ State _____
Zip Code _____ Phone _____ Fax _____
Email: _____ Website: _____

2. How many agents/brokers employed? _____ Date your Agency was established ___ / ___ / ___

3. Please give approximate percentage breakdown of the total premium volume.

_____ % Retail Agent *(Business placed directly with Insurance Companies, JUA's or assigned risk pools, etc.)*

_____ % Retail Broker *(Business placed through other agents, MGA's, Wholesalers, etc.)*

_____ % Wholesale Broker *(Business received from other non-employee or contract brokers or agents and placed by your agency.)*

4. Breakdown of Business by line 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 VOLUME _____

THIS YEAR COMMISSIONS _____

5. Have you had any claims in the last five years? Yes No

6. Current Carrier _____ Limit _____

Deductible _____ Exp Date ___ / ___ / ___ Retro Date ___ / ___ / ___ Premium _____

Owner's Signature _____ Date ___ / ___ / ___