



E&O EASY ESTIMATE - Questionnaire

Return Completed Form: JILL@PIASOUTH.COM - Questions: Call Jill - 770/921-3278 - Direct Line

Agency/Named Insured: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Mailing address (if different): _____ City: _____ State: _____ ZIP: _____

Contact Name: _____ Website: WWW. _____

Contact Phone: _____ Contact Email: _____

Are you currently a contracted Utica National P&C agent? ___YES ___NO

Are you an independent agent/agency? ___YES ___NO

Date agency established - current ownership: _____ If less than 3 years attach resume of principal(s)

Owners years of experience: _____; Association(s) you are a member of (list all): _____

- % of Total Commission by line: PL's ___% + CL's ___% + L&H ___% = 100%
- % of Non Standard or Assigned Risk by line: PL's ___% CL's ___%
- Specialty Lines? ___YES ___NO; If yes, what % of your income is placed as Specialty Lines? ___%
- % of P&C Business placed THRU other Agents or Brokers: ___%
- Staff: Full time (over 20 hrs) # _____ - Part Time (20 hrs or less) # _____
IMPORTANT - Include ALL: Active Agency Principals/Licensed & Unlicensed staff/1099's
- P&C Premium Volume: \$ _____ (New and Renewal)
- Commission (New & Renewal): P&C \$ _____ L&H \$ _____ Consulting Fees \$ _____
- Exposure Checklist used on ALL accounts (PL & CL - at least 1 year)? ___YES ___NO
- Insurance Designations equal or exceed 60% of staff (CIC, CPCU, LUTCF, CISR, etc) ___YES ___NO
- E&O Loss Prevention Seminar last attended (date): _____ # of staff attending: # _____
- E&O Claims/incidents in last 3 years? # _____ (include closed with expense only payment)
- Current E&O Carrier: _____ Expiration date: _____ Retro date: _____
- Limits: \$ _____ Claim / \$ _____ Aggregate Premium \$ _____
- Deductible: \$ _____ Claim / \$ _____ Aggregate Type: ___Loss Only / ___Loss & Expense

I/WE HEREBY DECLARE THE ATTACHED STATEMENTS ARE IN ALL RESPECTS TRUE AND ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE understand that this estimate/proposal may be affected by information obtained from a FORMAL APPLICATION submitted prior to any insurance being offered or considered.

Name of Firm: _____ BY: _____

Date: _____ Title: _____ Signed by Owner/Partner or Officer
Return form to: Jill@PIASOUTH.com

For a more accurate Easy Estimate - PAGE - 2 Must be completed

What is the annual percentage breakdown by Line of Business of the Applicant's Annual Premium Income:

PERSONAL LINES			LIFE INSURANCE	
Auto - Standard	%		Individual	%
Auto - Non Stand/Assigned Risk	%		Group	%
Homeowners & Standard Fire	%		Annuities - Fixed	%
Personal Floaters	%			
Flood	%			
Other	%			
COMMERCIAL LINES			ACCIDENT & HEALTH	
Auto	%		Group - Carrier Insured	%
BOP/CGL/Package	%		Group - Self Insured	%
Umbrellas/Excess	%		HMO/PPO/DSP	%
Property Coverage	%		Individual	%
Workers Compensation	%			
Flood	%			
Bonds	%			
Professional Liability	%			
Directors & Officers Liability	%		TOTAL OF ALL LINES COMBINED SHOULD EQUAL 100%	
Crop Coverage	%			
Long Haul Trucking	%			
Wet Marine	%			
Medical Malpractice	%			
Livestock Mortality	%			
Other (Describe)	%			

ACTIVITIES			%	ACTIVITIES			%
Real Estate	Yes	No		Premium Financing	Yes	No	
Mutual Funds	Yes	No		Claims Adjusting	Yes	No	
Variable Annuities	Yes	No		Loss Prevention Engineering	Yes	No	
Viatical Settlements	Yes	No		Third Party Administrator	Yes	No	
Financial Planning Services	Yes	No		Law Practice	Yes	No	
Insurance Consulting	Yes	No		Other (please specify)	Yes	No	