## Insurance Agents E&O P&C/L&H Indication Request Form *PIA Southern Alliance serving as your leading E&O provider!*

<b>AGENCY INFORMATION:</b>					
Agent / Agency Name:			Date Agency Established:		
Address:			Number of Locations:		
City/ State / Zip:			Phone:		
Contact Name:			Cell:		
Number of years of agency under current ownership(s):			Fax:		
If under 3 years – describe experience:			Email:		
Staff Size* Full Time # Part Time #			Website: www.		
* Include ALL agency principals, producers,					
merace / 122 agency principals, producers,	oupper couggy 1000 of meemeed and arms	sensed emproyees: ever 20		acrea jan anner	
INCOME RELATED: Percent of Revenues/Income:			Percent of Policies:		
	Retail Agency		%	Admitted	_
P&C Commissions \$	Retail Agency Wholesale Agency		<del></del> %	Non-Admitted	% %
L&H Commissions \$	Surplus Lines Agency		%	Total	100 %
	Managing General Agency/UW		<u></u> %		
other manetated medice y	Total		100 %		
Percent of accounts that are direct hill		0/	100 /0		
Percent of accounts that are direct billed:					
What % of your business is placed <u>THRU</u> other agents and/or brokers?%  What % of your business is accepted <u>FROM</u> other agents and/or brokers?%					
What % of your business is accepted <b>F</b>	FROM other agents and/or brokers:	?%			
BUSINESS PLACED: P&C Product Mix:			<u>Life/Accident/Health Product Mix</u> : Fixed Life Ins (Indiv/Group)		
D 11:	Standard Auto (Comm/Pers)		Fixed Life Ins (In	ndiv/Group)	%
			Group Accident/Health%		
Commercial Lines %			Individual Accident/Health		
Life/Acc/Health % Total 100%	Non Standard Homeowners	% %	Long-term Care	ins	%
100%	Non-Standard Homeowners Standard Commercial Fire				
	Non-Standard Commercial Fire		Securities	s/Annuities	
	Workers Compensation			Health	
	BOP/Package		Total	. realtri	100 %
	Commercial General Liab		Total		100 70
	Other				
	Total	100 %			
OTHER INFORMATION:					
In the past 5 years, has the Agent/Agency or any other insured applying for coverage been: Loss Control:					
The subject of disciplinary action	by formal body? Yes □	No □	Date of last E&O Loss Prevention Seminar attended		
Had coverage either cancelled or non-renewed? Yes □ No □		(mm/dd/yy)			
Had employees or management convicted of a felony? Yes □ No □				ed	
Had any E&O claims made against them? Yes □ No □					
riad arry EQO claims made agains	it them:	110 🗖		ecognized Designations	
North and FEGO alabase / model and a factor			CPCU etc.)		
Number of E&O claims/incidents in the past 5 years?					
Incurred \$ value of those claims?					
CURRENT E&O COVERAGE:					
			, , ,		
Carrier			/F	remium \$	(required)
Limits: \$		Aggregate			
Deductible: \$	Per Claim \$	Aggregate			
Deductible Type: Loss Only □ or	Loss & Litigation □ (check one)				
Signature:			Date:		
All fields are required to be completed in	order to obtain a non-hinding premium	n indication.			