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**Insurance Broker / Agent Errors & Omissions Insurance  
MGA / Wholesaler / Manager**

**NOTICE**

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR INSURANCE BROKER / AGENT ERRORS & OMISSIONS INSURANCE.

THIS APPLICATION IS FOR CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTED PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST YOUR DEDUCTIBLE. THE COVERAGE APPLIED FOR WITH THIS APPLICATION DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

**APPLICANT INFORMATION**

1. Name of Applicant

2. Business Name (DBA)

3. Street Address

City  State  Zip  Website

**Additional Locations**

a. Street

City  State  Zip  Phone  Fax

b. Street

City  State  Zip  Phone  Fax

c. Street

City  State  Zip  Phone  Fax

4. Phone  Fax  Email

5. Applicant is:  Individual  Partnership  Corporation  LLC

6. Date Agency Established

7. Ownership

Name	Ownership	Active	Experience
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

8. What state(s) are you licensed in?    Licensed Since

9. Staffing:

	Full Time	Part Time	Licensed
a. Active owners, partners, officers or directors:	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Underwriters excluding those in a:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Licensed agents, brokers, and solicitors:	<input type="text"/>	<input type="text"/>	N/A
c. All other full-time staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PRIOR E & O COVERAGE**

1. Do you currently have E&O Coverage?  Y  N What is the expiration date?   
 What is the retroactive date?

2. Who were you previously insured by?

Insurer	Policy Period	Limit	Deductible	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Has your E&O insurance ever been cancelled, renewal refused, or coverage declined?  Y  N  
 If yes explain

**PREMIUM WRITTEN AND COMMISSIONS**

Period	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. How much premium did you write last year and estimate to write during the next 2 years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2A. How much commission did you earn last year and estimate to earn during the next 2 years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2B. How much commission did you pay to producers?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2C. Net commission retained:?	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you specialize in any specific class of business?  Y  N If yes, explain.

4. What kind of business do you write, by percentage of annual premium? **Must Total 100%**

a. Personal:	Auto <input type="text"/> %	Homeowners <input type="text"/> %	Other <input type="text"/> %	Explain <input type="text"/>	
b. Commercial:	Auto <input type="text"/> %	Property <input type="text"/> %	Liability <input type="text"/> %	Package <input type="text"/> %	Worker Comp <input type="text"/> %
	Other <input type="text"/> %	Explain <input type="text"/>			

**BUSINESS OPERATIONS**

1. Are you engaged in any other business other than insurance?  Y  N

If yes, describe the business.

2. Are you controlled, owned, affiliated, or associated with any other firm, business, agency, corporation, or insurance company?  Y  N

If yes, explain.

3. During the past 3 years has the name of your agency changed or has any other business or agency been acquired, merged into, or consolidated with you?  Y  N

If yes, explain.

4. Is all incoming mail date stamped the date it is received?  Y  N

5. How long do you maintain your records?  years

6. Do you maintain a binder log?  Y  N

7. Do you document all business related conversations?  Y  N

8. Do you require requests from you customers that coverage be increased, reduced, or eliminated be in writing?  Y  N

9. Do you require customers to acknowledge, in writing, the declination of uninsured/underinsured auto, earthquake, flood, wind, or other coverages that you suggest?  Y  N

10. Do you permit the use of a "Power of Attorney" to represent the insured?  Y  N

11. Have any companies withdrawn from you agency in the last 3 years?  Y  N

If yes, explain.

12. Do you have binding authority?  Y  N

If yes, explain.

13. Do you have any plans to merge with or aquire all or part of another organization?  Y  N

If yes, explain.

14. During the last 5 years has there been a change in management structure, including any additions or deletions of any principals, owners, or managers?  Y  N

If yes, explain.

15. List all, carriers for whom you are an MGA, MGU, or Program Administrator:

Insurance Company	Program	Number of Years	Annual Premium

16. What is the experience of your programs?

Company	Program	Loss Ratio Last Year	Loss Ratio 2nd Year Back	Loss Ratio 3rd Year Back

17. Describe all of the functions you perform as a Wholesaler, MGA, MGU, or Program Administrator.

18. Have any programs been terminated in the last 5 years?  Y  N

If yes, please describe the program, volume in the last year and reason for termination.

19. List senior management of the applicant:

Name	Title	Experience	% of Ownership

20. Is the applicant licensed in all jurisdictions in which it transacts business for the classes of business transacted?  Y  N

If no, explain.

21. Insurance Operations:

a. Number of policies issued per year:

b. Number of currently contracted agents / producers:

c. Do contracted agents / producers have binding authority:  Y  N

If yes, explain:

22. How frequently do your companies or reinsurers audit you?

23. When was the last Audit completed?

24. Do you assume risk on any program?  Y  N

If yes, explain.

25. Do you have an electronic underwriting, billing, rating, quoting, binding, and policy issuance system?  Y  N

If yes, explain.

26. Do you have authority to handle claims?  Y  N

If yes, explain including authority.

27. Do you have indemnification agreements with your companies for denial of coverage?  Y  N

28. Do you negotiate, place, or purchase reinsurance on behalf of any carriers?  Y  N

If yes, explain:

29. Do the companies you write on behalf of retain at least 25% of the risk?  Y  N

If no, explain:

30. Do you require and verify that your producers maintain E&O insurance?  Y  N

If yes, explain:

Additional Information:

1. Please attach a copy of your most recent audit report
2. Please attach a copy of your MGA / Administrator contract

**CLAIMS & REGULATORY**

1. Have you or any employee of yours been subject to disciplinary action by any State or Federal Agency or Insurance Department?  Y  N

If yes, explain.

2. During the last five years have any claims or suits been made against the applicant or any of its predecessors in business, or any of the past or present directors, officers, solicitors, or employees?  Y  N

If yes, explain.

3. Are you, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission, or offense that may result in a claim being made against the applicant or any of the applicant's employees?  Y  N

If yes, explain.

**COVERAGE REQUESTED**

If your application for insurance is accepted what is the requested effective date?

What limits are you requesting?

Each and Every claim and in the Aggregate?

\_\_\_\_\_

What deductible are you requesting?

\$5,000  \$10,000  \_\_\_\_\_

**NOTICES**

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice of District of Columbia, Maine, Tennessee and Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony (in Oklahoma) or a felony of the third degree (in Florida).

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania and New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject: to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

### **ACKNOWLEDGEMENT, REPRESENTATIONS, & WARRANTIES**

The applicant is authorized by and acting on behalf of all persons concerned seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete, and accurate.

The applicant further declares and represents that any happening, incident, or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorizations to bind the insurance or the policy, if a policy is issued.

The applicant acknowledges and agrees that the submission to and the insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The applicant by signing this application hereby authorizes, but does not require, the underwriters and/or their representatives to contact any prior insurer and obtain any details or prior loss information or obtain any other information from any source including consumer credit information, which the underwriters deem appropriate in the underwriting of the insurance applied for by this application.

The applicant agrees that this application shall be the basis of the contract should a policy be issued and it will be attached to and become a part of the policy.

The applicant acknowledges and agrees that the affixing of the applicant's signature to this application does not bind either the underwriter or the applicant to complete this insurance.

Name of Applicant	<input type="text"/>
Signature	<input type="text"/>
Print Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>