

# Insurance By Design

## Errors and Omissions Insurance

4230 LBJ Freeway, Suite 222  
Dallas, TX 75244

Insurance Broker/Agent Errors & Omissions  
Insurance Application

Phone: 972.499.3414 | Toll Free: 866.840.8004 | Fax: 214.217.2548 | www.ibdpro.com

### 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 Address   
City  State  Zip  Phone  Fax
  - b. Street Address   
City  State  Zip  Phone  Fax
  - c. Street Address   
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"/> yrs
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/> yrs
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/> yrs

8. If less than 3 years of experience, please describe your insurance experience.

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

10. In addition to yourself:

- a. How many full time employees do you have?  How many are licensed?
- b. How many part time employees?  How many are licensed?

**PRIOR COVERAGE**

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

2. Who were your previously insured by?

Company	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. Have you ever had your E&O insurance canceled, renewal refused, or coverage declined?  Y  N

If yes explain

**PREMIUM WRITTEN AND COMMISSIONS**

1. How much premium do you write?

Last Year \$  Estimate this year \$  Estimate next year \$

2. How much commission do you earn?

Last Year \$  Estimate this year \$  Estimate next year \$

3. What companies, MGA's and wholesalers do you do Business with? **Must Total 100%**

Name	Percentage of Business	Admitted
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N
Remaining	<input type="text"/> %	<input type="checkbox"/> Y <input type="checkbox"/> N

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

5. What percent of your business is direct billed?  %

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

a. Personal: Auto  % Homeowners  % Other  % Explain

b. Commercial: Auto  % Property  % Liability  % Package  % Worker Comp  %  
Other  % Explain

c. Life & Health: Life  % Health  % Other  % Explain

7. If you write any life insurance, do you write any products other than Traditional Term, Ordinary, and Universal?  Y  N

If yes explain.

### 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 been changed or has any other business or agency been acquired, merged into or consolidated with you?  Y  N

If yes explain.

4. Do you accept any business from other agents?  Y  N

If yes explain.

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

6. How long do you maintain your records?  Years

7. Do you maintain a binder log?  Y  N

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

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

10. Do you advise your customers of all lines of coverage?  Y  N

11. 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

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

13. Have any companies, general agents, or other markets withdrawn from your agency in the last 3 years?  Y  N If yes, why?

14. Do you have binding authority?  Y  N If yes, explain.

**CLAIMS & REGULATORY**

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

2. Have any claims or suits ever been made against you, your agency, or any of your 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

\$1,000,000  \$500,000  \$300,000

\_\_\_\_\_ Other

What deductible are you requesting?

\$2,500  \$5,000

\_\_\_\_\_ Other

**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  Title

Signature  Date