

# E&O Easy Estimate Questionnaire

Named Insured: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Federal ID# or Social Security #: \_\_\_\_\_ Website: www. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Independent Agent/Agency? ☐ Yes ☐ No Date Established – current ownership: \_\_\_\_\_

Associations you are members of: \_\_\_\_\_

1. % of Total Agency Commission placed by line: P/L's \_\_\_\_\_% + C/L's \_\_\_\_\_% + L&H \_\_\_\_\_% = 100%

2. % of Non-Standard or Assigned Risk placed by line: P/L's \_\_\_\_\_% C/L's \_\_\_\_\_%

3. % of Business Placed with Carriers Unrated by A.M. Best (or carriers with less than a B+ rating): \_\_\_\_\_%

4. % of Business Placed Through: Admitted Carriers \_\_\_\_\_% Non-Admitted Carriers \_\_\_\_\_%

5. Specialty Lines?\* ☐ Yes ☐ No If yes, what % of your income is placed as Specialty Lines? \_\_\_\_\_%

\*Certain Specialty Lines of business may alter the premium and is subject to underwriting

6. % of P&C Business Placed Through other Agents or Brokers: \_\_\_\_\_%

7. STAFF COUNT\*: Full Time (over 20 hours) # \_\_\_\_\_ Part Time (20 hours or less) # \_\_\_\_\_

\*IMPORTANT – Include ALL the following: Active Agency Principals / Licensed & Unlicensed Personnel / 1099s

8. P&C Premium Volume: \$ \_\_\_\_\_ (excluding contingency and bonus income)

9. Commission Income (New & Renewal): P&C \$ \_\_\_\_\_ L&H \$ \_\_\_\_\_ Consulting Fees \$ \_\_\_\_\_

10. Exposure Analysis Checklist used on ALL accounts (P/L and C/L – active at least 1 year)? ☐ Yes ☐ No

11. Insurance Designations\* of staff equals or exceed 60% (CIC, CISR, CPCU, LUTCF, etc.)? ☐ Yes ☐ No

12. E&O Loss Prevention Seminar last attended \_\_\_\_\_ (month) 20\_\_\_\_ (year) # staff attended \_\_\_\_\_

13. E&O Claims / incidents in the last 5 years? # \_\_\_\_\_ (include closed with expense only payment)

14. CURRENT E&O Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Retro-Active Date: \_\_\_\_\_

15. Limits: \$ \_\_\_\_\_ Claim / \$ \_\_\_\_\_ Aggregate Premium \$ \_\_\_\_\_

16. Deductible: \$ \_\_\_\_\_ Claim / \$ \_\_\_\_\_ Aggregate Type: ☐ Loss Only ☐ Loss & Expense

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative

This questionnaire is for a **PREMIUM INDICATION ONLY** and is **NOT** an **Offer of Coverage**.



RETURN TO:  
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