

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: _____

Cluster/Alliance/Aggregator 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:
Missouri Association of Insurance Agents
Agents Marketing Corp.
3315 Emerald Ln
Jefferson City, MO 65109
Fax: 573-893-3708
Email: insurance@moagent.org
QUESTIONS? Call 800-617-3658

Commercial Lines <i>(% of Total P&C Premiums)</i>	Current Year	Life Insurance & Annuities <i>(% of Total Life/A&H Commissions)</i>	Current Year
Commercial Auto	%	Annuities - non-variable	%
BOP/CGL/Package	%	Annuities - variable	%
Umbrellas/Excess	%	Credit Life	%
Property Coverage	%	Group	%
Crop Coverage	%	Individual	%
Workers Compensation	%	Other (<i>List</i>):	%
Flood	%		%
Wet Marine	%		%
Livestock Mortality	%	A & H Insurance	
Medical Malpractice	%	Group – Carrier Insured	%
Professional Liability Non-Medical	%	Group – Self-Insured	%
Aviation	%	HMO/PPO/DSP	%
Bonds - Surety/Contract	%	Individual	%
Bonds - other	%	Disability – Individual	%
Long-Haul Trucking	%	Disability – Group	%
Other (<i>List</i>):	%	Other (<i>List</i>):	%
	%		%
	%		%
TOTAL COMMERCIAL LINES:	%	TOTAL Life, Annuities, A&H	100%
Personal Lines			
Auto-Standard	%		
Auto-Non-Standard	%		
Auto-Assigned Risk	%		
Homeowners & Standard Fire	%		
Non-Standard Fire/FAIR Plan	%		
Watercraft	%		
Umbrella	%		
Flood	%		
Farmowners	%		
Other (<i>List</i>):	%		
	%		
TOTAL PERSONAL LINES:	%		
COMMERCIAL + PERSONAL	100%		