



**Insurance Professionals Errors and Omissions Liability Insurance  
Basic Application for Claims Made Coverage**

**GENERAL INFORMATION**

1. a. Name of Applicant Agency: \_\_\_\_\_  
 b. Agency's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 c. Name of E&O contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 e. E-mail address: \_\_\_\_\_ Agency's Website Address: \_\_\_\_\_  
 f. Is the agency appointed with any Liberty Mutual Group companies?  No  Yes

2. a. Month/Year the agency was: originally established \_\_\_\_/\_\_\_\_ established under current ownership \_\_\_\_/\_\_\_\_  
 b. Organization Type:  Corporation  Partnership  LLC  Individual  Other \_\_\_\_\_  
 c. Total office locations:  1  2  3  other \_\_\_\_\_  
**If more than one location:**  
 Are all locations commonly owned and managed?  No  Yes  
 Do all locations utilize the same procedures and agency management system?  No  Yes  
 d. Are there other majority owned entities and/or trade names for which coverage is being requested?  No  Yes  
**If Yes**, please list entities in the Notes Section on page 5 or provide related endorsements from your current E&O policy.

3. a. Does the agency participate in any agency cluster or alliance?  No  Yes  
**If Yes**, what is the cluster/alliance name? \_\_\_\_\_  
 Should this entity be included as an additional insured (vicarious liability only) on your policy?  No  Yes  
 b. Were there any mergers, acquisitions, changes in ownership or agency name changes in the last 3 years?  No  \*Yes  
 c. Does any organization own or control your agency or does your agency own or control any other entity?  No  \*Yes  
**If Yes**, do you place any insurance for this entity or organization?  No  \*Yes  
 d. Are you considering and/or planning any organizational changes in the next 12 months including, but not limited to, acquisitions, mergers, sale of agency, account sales?  No  \*Yes

**\*Please explain any \*Yes responses in the Notes Section on Page 5**

**ANNUAL WRITTEN PREMIUM VOLUME & COMMISSION\* INCOME**

*\* do not include contingency commission*

All New and Renewal Business	Current Year (Last 12 months)	Year Prior to Last 12 Months	Projected Next 12 Months
4. a. P&C Written Premium Volume	\$ _____	\$ _____	\$ _____
b. P&C Gross Commissions	\$ _____	\$ _____	\$ _____
c. Life/Accident/Health Gross Commissions	\$ _____	\$ _____	\$ _____

**CURRENT BUSINESS MIX**

5. a. P&C placements by total written premium volume				b. L&A/H placements by total commission income			
PERSONAL LINES	%	COMMERCIAL LINES	%	Accident & Health	%	Life & Annuities	%
Standard		Prof. Liability - Med Mal		Disability - Individual		Individual	
Non-Standard		Other than Med Mal		Disability - Group		Group	
<b>COMMERCIAL LINES</b>		Workers Compensation		Group - Self-Insured		Annuities - Variable	
Aviation		Auto		Carrier-Insured		Non-Variable	
Ocean Marine		Crop		HMO/PPO		All Other	
Trucking		BOP/CGL/Package		Long Term Care		<b>Total All A &amp; H, Life &amp; Annuities = 100%</b>	
Bonds - Surety/Contract		All Other (specify)		All Other			
Bonds - Other							
D & O		<b>Total All P&amp;C Lines = 100%</b>					

c. What percentage of your premium volume is direct billed by your insurance companies? \_\_\_\_\_%

**BUSINESS DISTRIBUTION**

6. a. Percentage of agency's annual written **P&C** volume for each of the following placements: (must equal 100%)

Directly with admitted P&C insurance companies:	%
Directly with admitted P&C insurance companies:	%
Brokered to admitted P&C insurance companies:	%
Brokered to non-admitted P&C insurance companies:	%
In other risk assuming entities ( <i>i.e. pools, captives, self-insured funds, risk retention groups, etc.</i> )	%
<b>TOTAL = 100%</b>	

b. Does the agency or any personnel act as an MGA, underwriter, wholesaler or surplus lines broker?  No  Yes  
**If Yes**, please explain \_\_\_\_\_

c. How much premium volume is brokered into your agency from others? \_\_\_\_\_%

d. List the percentage of business written outside your state? \_\_\_\_\_% List states: \_\_\_\_\_

e. Does your agency specialize in any classes of business?  No  Yes  
**If Yes**, list classes and approximate annual written premium for each \_\_\_\_\_

f. What is the approximate volume of business written for Contractors? \$ \_\_\_\_\_

**CARRIERS AND RISK ASSUMING ENTITIES USED BY YOUR AGENCY**

7. a. List the top 5 P&C insurance companies through which the highest percentage of written premium is placed

Company Name	Annual Premium	Years Represented	Predominant Lines/Classes of Business
	\$		
	\$		
	\$		
	\$		
	\$		

b. List your top 3 L&A/H insurance companies generating the most annual commission income  None

Company Name	Annual Commission	Years Represented	Predominant Lines of Business
	\$		
	\$		
	\$		

c. List ALL other risk assuming entities used (self-insured funds, pools, captives, RRGs, METs/MEWAs, etc.)  None

Entity Name	Annual Premium	Years Represented	Predominant Lines/Classes of Business
	\$		
	\$		

d. List insurance companies whose licensed employees provide customer service for your in-force clients  None

Company Name	Annual premium in plan	Is agency held harmless?	Commercial or Personal Lines?	Do you pay a fee/forfeit commission to the company for service?
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> CL <input type="checkbox"/> PL	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> CL <input type="checkbox"/> PL	<input type="checkbox"/> No <input type="checkbox"/> Yes

**CARRIER HISTORY AND PROCEDURES**

8. a. In the past 3 years, have any of your agency agreements been terminated for reasons other than lack of production or carrier's withdrawal from the market?  No  \*Yes

b. In the past 3 years, has any carrier or other assuming entity used by your agency become insolvent, bankrupt, put into receivership or otherwise unable to meet its financial duties?  No  \*Yes  
**\*Please explain \*Yes responses in the Notes Section on page 5.**

c. Do you monitor your carriers' ratings?  No  Yes  
**If Yes**, what minimum rating/financial standard do you require? \_\_\_\_\_

d. Is there a procedure in place to notify your policyholders of carrier ratings or an unfavorable change?  No  Yes

e. Is there a procedure in place to notify clients in writing and/or obtain their sign-off acknowledging the placement of policies with carriers not rated by A.M. Best or rated less than B+ by A.M. Best?  No  Yes

f. List **ALL** carriers used that are either rated below B+ A.M. Best or not rated by A.M. Best  None  
*Use the Notes Section on Page 5, if more space is required*

Carrier	Premium Volume	Lines/Classes	Admitted	% With Limits >\$300k
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	%

**OTHER PROFESSIONAL SERVICES**

9. a. Does your agency perform any other revenue generating services? Check all that apply and include any annual income:

Actuarial Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Claims Adjusting outside carrier's draft authority	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Legal Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Human Resources or Consulting Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Tax Consulting	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Premium Finance Company Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Title Agency Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Fee-Based Services to Other Insurance Agencies	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Real Estate Sales	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Fee-Based Insurance Consulting	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Loan Origination	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Fee-Based Loss Control or Risk Management	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
COBRA Administration	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Wellness Provider Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Mutual Funds Sales	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Wellness Program Referrals	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Safety Consultant	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Motor Vehicle Title Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Third-Party Administrator	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Investment/Securities Sales	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Pre-Paid Legal Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Marketing of Professional Employer Org. Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other: _____		\$ _____	Other: _____		\$ _____

**OFFICE PROCEDURES**

10. a. Do you have a formal set of procedures used by all personnel/independent contractors?  No  Yes  
**If Yes**, how are the current procedures communicated?  Written  Verbal  Other \_\_\_\_\_

b. Do you have a diary/suspense system that is used consistently by all personnel?  No  Yes  
**If Yes**, is the system automated?  No  Yes

c. Do agency procedures include instructions to assure consistency in the following areas:

Date identification/stamp of all incoming documents, including electronic transmissions	<input type="checkbox"/> No <input type="checkbox"/> Yes
Documentation of all conversations that occur via phone, text or other electronic means	<input type="checkbox"/> No <input type="checkbox"/> Yes
Periodic review of renewal risks for changes in needed coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes
Procurement of signed and dated coverage and/or limit rejections and reductions	<input type="checkbox"/> No <input type="checkbox"/> Yes
Review of all policies and endorsements for accuracy, comparing to coverage requested	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requirement that applications, whether paper or electronic, are to be signed by client	<input type="checkbox"/> No <input type="checkbox"/> Yes
Issuing Certificates of Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reporting of claims to carriers in a timely manner	<input type="checkbox"/> No <input type="checkbox"/> Yes
Placing of and managing business in states where non-resident licenses are held	<input type="checkbox"/> No <input type="checkbox"/> Yes

d. Do you encrypt or use other measures to protect personal data being electronically transmitted?  No  Yes

e. List the agency management systems (AMS) used in your agency \_\_\_\_\_  none  
 Does your AMS receive automatic updates?  No  Yes **If No**, when did the last update occur? \_\_\_\_/\_\_\_\_/\_\_\_\_mm/yy

f. Are coverage/exposure checklists used for all new business placements?  No  Yes

g. Are internal reviews/file audits performed on a regular basis by management?  No  Yes

**LOSS CONTROL**

11. a. Number of current agency personnel who participated in E&O risk management education in the last 2 years: \_\_\_\_\_

b. In the past 3 years, have you hired an E&O consultant/auditor for your agency?  No  Yes  
**If Yes**, name of consultant/audit firm \_\_\_\_\_ Date of completion \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Have all recommendations made been implemented?  No  Yes  Recommendations were not made  
**If No**, please explain: \_\_\_\_\_

c. Agency's organization memberships:  IIABA  PIA  Combined IIABA/PIA  Other \_\_\_\_\_

**AGENCY PERSONNEL** (count each individual once)

12. a. Owners/Employees	Full Time	Part Time	# hired last 2 years	# left last 2 years	
Owners/Principals					
Licensed Producers					
Licensed CSRs					
Non-Licensed CSRs					
Other Licensed					
Other Non-Licensed					
b. Independent Contractors	Full Time	Part Time	# hired last 2 years	# left last 2 years	# with own E&O
Exclusive*					
Non-Exclusive					
<i>*Exclusive refers to those Independent Contractors placing at least 75% of their total book through your agency</i>					
c. List the percentage of agency personnel that hold professional insurance designations: _____%					
d. Do you have a formal orientation program in place for newly hired personnel? <input type="checkbox"/> No <input type="checkbox"/> Yes					

**CLAIMS/LOSS HISTORY**

**13. Within the last 5 years:**

a. Has any E&O policy or application for the agency, its owners, officers, partners, employees or solicitors been declined, canceled, rescinded, non-renewed or otherwise refused? *(Not applicable in Missouri)*  No  \*Yes

b. Has the agency, past or present personnel or any party identified in question 3.c. been subject to any complaints filed, disciplinary action and/or investigation by any regulatory authority or convicted of a criminal activity?  No  \*Yes

c. How many E&O claims have been made against the agency, its past or present personnel or any other entity or individual for whom coverage is requested regardless if it was paid, reserved, closed without payment and/or reported to your E&O carrier?  0  1  2  3+ **If any**, please complete below Claim/Circumstance Questionnaire

d. Has the agency paid an uninsured loss out of agency funds?  No  \*Yes

e. After inquiry of all agency personnel or any other entity or person for whom coverage is requested, are there any circumstances, or knowledge of any actual or alleged act, error, or omission or circumstance that may result in an E&O claim being made? *(Not applicable to renewal applicants)*  n/a  No  Yes  
**If Yes**, please complete below Claim/Circumstance Questionnaire

**\*Please explain any \*Yes responses in the Notes Section on page 5.**

**CURRENT E&O COVERAGE INFORMATION** *(not applicable for renewal applicants)*

**14. a.** Please complete this question (14.a.) **OR** attach a copy of your current E&O policy's Declarations page

Current E&O Insurer \_\_\_\_\_ Current Policy Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Annual Premium \$ \_\_\_\_\_ Retroactive Date \_\_\_/\_\_\_/\_\_\_ **OR**  None – Full Prior Acts  
 Limits of Liability Each Claim \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
 Deductible Each Claim \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Applies to  Loss Only or  Loss & Expense

**b.** How many consecutive years have you been insured with your current E&O carrier?  1  2  3  4  5+

**c.** Have you been continuously insured for the past 5 years without any gaps in your E&O coverage?  No  Yes

**d.** Does your current E&O policy include or do you require coverage for any of the following: *\*separate application required*

Employment Practices Liability Insurance\*  No  Yes - Limits \$ \_\_\_\_\_  
 Data Compromise  No  Yes - Limits \$ \_\_\_\_\_  
 Cyber Liability  No  Yes - Limits \$ \_\_\_\_\_  
 Real Estate Errors & Omissions\*  No  Yes  
 Sale of Mutual Funds  No  Yes  
 Contingent Catastrophe Extra Expense  No  Yes  
 Marketing of Professional Employer Organization Services  No  Yes

## Insurance Professionals Errors and Omissions Insurance Claim/Circumstance Questionnaire

**New business applicants** - complete one report for each claim and circumstance occurring in the past 5 years.

**Renewal applicants** – complete only Questions 3, 7 & 8 for each claim or circumstance reported within the past year.

1.  Claim (a demand made for money or professional services)

**OR**

Circumstance (knowledge of an actual or alleged act, error, omission or incident which may result in a claim being made)

2. The claimant is:  your client/insured  an insurance company  a broker/mga  a third party  Other: \_\_\_\_\_

3. Date error reported to your E&O carrier: \_\_\_/\_\_\_/\_\_\_

4. Cause of Loss:  inadequate coverage  inadequate limits  failure to place coverage  misstatement of coverage

coverage gap due to cancel for non-pay  insolvency of carrier  Other: \_\_\_\_\_

5. Specific line of underlying coverage involved: \_\_\_\_\_ Underlying carrier involved: \_\_\_\_\_

6. Status:

Open – E&O carrier's loss reserve amount: \$\_\_\_\_\_

**OR**

Closed – final amount paid by your E&O carrier including deductible: Indemnity \$\_\_\_\_\_ Expense \$\_\_\_\_\_

7. Please provide claimant's name and a detailed description of the alleged error:

8. Loss Prevention

Describe, **in detail**, agency procedures and controls that are in place to prevent a similar claim/circumstance from occurring in the future. If none, please describe any procedures or controls to be implemented going forward.

### NOTES SECTION

#### \*ADDITIONAL ENTITIES FOR WHICH COVERAGE IS REQUESTED (Question 2d.)

Entity Name	Data included in application?	Currently listed on your E&O policy?	Majority financial interest & control?
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**\*To best assure continuity of coverage for additional entities, please include a copy of your current E&O Declarations page and additional insured endorsements. Renewal applicants complete only for entities not previously disclosed.**

**FRAUD STATEMENTS**

**Applicable in AL, AR, DC, LA, MD, NM, RI & WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in OK:** WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, OH and PA:** 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 subjects such person to criminal and civil penalties.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in All Other States:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 subjects the person to criminal and civil penalties.

**SIGNATURE AND AGREEMENTS**

The undersigned hereby represent that all statements and answers to the above questions and any information provided in the application process are, to the best of his/her knowledge are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of his/her statements and representations made and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy, or agreed to the terms of the policy as issued, if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

The undersigned agrees and is obligated to report to the Company any changes in the information provided herein, that occur subsequent to the signature date below but prior to the effective date of coverage.

**THIS APPLICATION MUST BE SIGNED AND DATED BY AN ACTIVE OWNER, OFFICER OR PARTNER**

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED. ADDITIONAL INFORMATION MAY BE REQUESTED.**

Producing Agency:

Licensed Producer Name (Required in Iowa):