



IA&B ERRORS & OMISSIONS QUESTIONNAIRE LIFE & HEALTH AGENTS

INSURANCE
AGENTS & BROKERS
SERVICE GROUP INC.

Important Notes: *This E&O Questionnaire is not a full Errors & Omission application and is for information purposes only. Please provide most current and accurate information as possible. A full Errors & Omissions application must be completed and underwritten if coverage is desired.*

E&O CONTACT INFORMATION

Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E&O Contact: _____ E-mail: _____

AGENCY PROFILE

Independent Agent/Agency Since: _____ Number of Years Licensed: _____

Full Time Agent Part Time Agent

Annual L&H Commissions: \$ _____ Fees/Other Commissions: \$ _____
(Including new and renewal)

Other Income: \$ _____ Received From: _____

Mutual Funds: Yes No Currently Covered: Yes No Series License Held: _____

Number of Personnel with NASD License: _____ Limit: \$ _____ Deductible: \$ _____

Any Third Party Administrator Activities: Yes No Currently Covered: Yes No

Property & Casualty Premium (if any): \$ _____ Number of P&C Employees: _____

Commercial Lines: _____% Personal Lines: _____% Broker: _____%

1099—Sub Agents under \$50,000: _____ Number of Agents: _____ Sub Agents over \$50,000: _____
(Placing coverage through your agency or contracts/Annual Commission Dollars under/over \$50,000)

CURRENT E&O INFORMATION

Current E&O Carrier: _____

X-Date: _____ Retro Date: _____

Limits: \$ _____

Deductible: \$ _____ Loss Only or Litigation (circle one)

Current Premium: \$ _____

Claims within past 5 years? _____ *If yes, attach complete documentation.*

Please fax completed form to **(717) 795-8347** or call
(800) 998-9644 or **(717) 795-9100** for additional information.

WEB

Affiliated with



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