



INSURANCE
AGENTS & BROKERS
SERVICE GROUP INC.

IA&B ERRORS & OMISSIONS QUESTIONNAIRE

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

Year Agency Established: _____ Years Licensed: P&C: ___ L&H ___ Other: ___
 Staff Size: Full Time: _____ Part Time (under 20 hours): _____
 Independent Contractors: Number placing P&C? _____ Number placing L&H? _____
 P&C Premium Volume: \$ _____ P&C Commission: \$ _____
 L&H Commission: \$ _____
 Other Income: \$ _____ Explain: _____
 Percent of Commercial Lines _____ % Percent of Personal Lines: _____ %
 Has your agency attended a loss control seminar in the last year: Yes No
 Does your agency use an exposure analysis checklist: Yes No
 Does 60% of your staff have an insurance designation: Yes No
 Insurance Association Memberships (list): _____

CURRENT E&O INFORMATION

Current E&O Carrier: _____
 X-Date: _____ Retro Date: _____
 Limits: \$ _____
 Deductible: \$ _____ Loss Only or Litigation (circle one)
 Current Premium: \$ _____
 Claims w/in past 5 years? _____ *If yes, attach complete documentation.*

BUSINESS PLACEMENT

Business placed direct with Carriers: _____ % Business placed as a broker: _____ %
 Business placed with Admitted Carriers through others: _____ % Business placed with Non-Admitted Carriers through others: _____ %

SPECIALTY LINES INFORMATION (COMPLETE IF APPLICABLE)

Percentage Specialty or High Hazard: Not Applicable Aviation _____ % Wet Marine _____ % Bonds _____ %
 Long Haul Trucking _____ % Professional Liability _____ %

LIFE & HEALTH AND FINANCIAL SERVICES INFORMATION (COMPLETE IF APPLICABLE)

If any L&H business, is it placed as an: Not Applicable Independent Captive Agent
 Mutual Fund or Financial Products Income: \$ _____
 # of Staff NASD 6 & 63 Licensed? _____ # of Staff NASD 7 Licensed? _____

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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