

Big “I” RPG Agency Alliance E&O

Formal Quote Checklist

SEND TO MASTER ENTITY FOR FORMAL QUOTE

Provide data for ALL carriers with whom agency places business; this should include carriers with whom the agency is directly appointed AND carriers they access through their member contract with the Alliance group.

MASTER ENTITY NAME & ADDRESS: _____

TARGET PROGRAM EFFECTIVE DATE: _____

<input type="checkbox"/>	Expiring Dec pages for each member (and Master, if applicable) with limits, deductibles, retro dates, forms list and copy of any unique coverage endorsements
<input type="checkbox"/>	<p>Alliance roster – To include full name/address for each member agency and the Master Entity and individual breakdown of annual production as follows:</p> <ul style="list-style-type: none"> a. Total P&C New and Renewal Gross Written Premium* o Total LA&H Commission* <p>*ALL production, including placements outside of the group through direct carrier appointments*</p>
<input type="checkbox"/>	<p>Application SP 16 947 1218 (attached):</p> <ul style="list-style-type: none"> a. Completed by the Master Entity and b. Separate application completed by each member agency, dated no more than 60 days prior to the agency's "roll-on" date
<input type="checkbox"/>	<p>Estimate on behalf of group for overall placement of “high hazard” business (no need to poll members – Master entity can provide the estimate):</p> <ul style="list-style-type: none"> a. Long haul trucking % b. Non-Standard auto% c. Bonds % d. Petroleum % e. Hazardous Waste %
<input type="checkbox"/>	<p>Confirmation of losses:</p> <ul style="list-style-type: none"> • Five years of loss runs from each member agency - dated no more than 60 days prior to the agency's “roll-on” date.
<input type="checkbox"/>	Confirmation from First Specialty that the Alliance Operating Agreement has been received and reviewed (review may be written, or verbal based on the underwriter’s discretion)

This is a non-binding premium indication based upon the preliminary information received by First Specialty and is not intended to be a firm quote for your acceptance of insurance coverage. To determine your qualification for a firm quote, we need a fully completed, signed and dated First Specialty application together with any supplemental information requested.

By applying for this insurance, the applicant also is applying for membership in the Big I Risk Purchasing Group for Insurance Agents, a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.)

Insurance products underwritten by First Specialty Insurance Corporation, Kansas City, MO, a member of Swiss Re Corporate Solutions.

**INDEPENDENT ALLIANCE APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY
FOR INSURANCE AGENCY PROFESSIONAL LIABILITY (E&O)**

Agency's Legal Entity Name:			
Mailing Address:			
City:	County:	State:	Zip:
Phone:	E-Mail Address:	Website Address:	
Federal Employer/Tax ID No.:			

1.	Date entity established: / / (month/day/year) <i>(If less than 3 years attach resume & business plan)</i>
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2.	If your agency is a member of the state independent insurance agents' association, please provide the agency's Active Directory ID No.:	
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3.	During the past 5 years has there been:	Yes	No
	a. Change in agency name?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Change in agency ownership?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Acquisition/merger of book or agency?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is coverage requested for any majority owned additional insurance agency entities or trade names (DBA entities) that should be listed on the policy?	<input type="checkbox"/>	<input type="checkbox"/>

			Last 12 Months	Next 12 Months (Estimated)
5.	a.	Total P&C new & renewal premiums written annually:	\$	\$
	b.	Total P&C new & renewal annual commissions:	\$	\$
	c.	Total Life and A&H new & renewal annual commissions:	\$	\$

6.	What is the agency's percentage of annual premium from:	Commercial Lines business:	%
		Personal Lines business	%

7.	What percentage of Property & Casualty annual premium is placed directly with carriers , (ie, not through a broker, wholesaler, surplus lines broker, MGA, or another agency):	%
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		Yes	No
8.	Do you accept and place business on behalf of other agencies?	<input type="checkbox"/>	<input type="checkbox"/>
	a. If Yes , percentage of business placed:	%	
	b. Number of sub-producers?		
	c. Are E&O Certificates of Insurance required from all sub-producers?	<input type="checkbox"/>	<input type="checkbox"/>

9.	List the top 5 agency-contracted Property & Casualty Insurance Carriers by annual premium:	
	Name of Insurance Carrier	Annual Premium
		\$
		\$
		\$
		\$
		\$

		Yes	No
10.	Does the agency write more than 50% of their business in non-resident states?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the agency write more than 20% of their business for petroleum accounts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the agency write any hazardous waste accounts?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the agency place any facultative or treaty reinsurance or serve as a reinsurance intermediary?	<input type="checkbox"/>	<input type="checkbox"/>

14.	Is coverage desired for any of the following activities?	Yes	No	Revenue
	a. *Human Resources Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Premium Finance Company Services provided for agency policyholders	<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Fee-Based Services To Other Insurance Agencies	<input type="checkbox"/>	<input type="checkbox"/>	\$
	d. Wellness Program Referrals - Provider Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
	e. Wellness Provider Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
	f. *COBRA Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
	g. Fee-Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$
	h. Fee-Based Loss Control/Risk Management with Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
	i. Fee-Based Loss Control/Risk Management without Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
	j. Loan Origination - Lender Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
	k. Pre-Paid Legal (PPL) Services - Provider Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
	l. *Mutual Fund Sales or Investment/Securities Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$
	m. *Safety Consultant	<input type="checkbox"/>	<input type="checkbox"/>	\$
	n. *Third-Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$
	o. Motor Vehicle Title (MVTs) Services – Name of MVTs Provider:	<input type="checkbox"/>	<input type="checkbox"/>	\$
	p. PEO Marketing - PEO Name:	<input type="checkbox"/>	<input type="checkbox"/>	\$
	q. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	\$

***If coverage requested, a separate supplement is needed for coverage consideration.**

15.	Please provide your agency's percentage of written premium from the following lines of business?			
	Commercial Lines			
	Aviation	%	Long-Haul Trucking	%
	Bonds – Other	%	Medical Malpractice	%
	Bonds - Surety/Contract	%	Professional Liability Non-Medical/D&O	%
	Crop Coverage	%	Umbrella/Excess	%
	Flood	%	Wet Marine	%
	Livestock Mortality	%		
	Personal Lines			
	Auto-Non-Standard	%	Watercraft	%

		Yes	No
16.	Does your agency principal have less than three years of experience as an agency manager or producer?	<input type="checkbox"/>	<input type="checkbox"/>
17.	In the last 5 years, has any past or present agency personnel been the subject of complaints filed, investigations and/or disciplinary action by any insurance or other regulatory authority or been convicted of a criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Has your agency experienced any errors or omissions claims or breach of privacy claims in the last 5 years, which involved Loss or Expense payments or reserves, including claims paid out of agency funds?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are you aware of any potential errors or omissions claims or breach of privacy claims or incidents which may give rise to a claim against your agency?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does your agency receive greater than \$200,000 in self-insured A&H commissions annually?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does your agency design, manage or administer Captives, Self-Insured Funds, Risk Retention Groups (RRG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? Please note that this question does not include placing business in these entities.	<input type="checkbox"/>	<input type="checkbox"/>

22.	Personnel (each individual should be counted only once)	Staff Count	
		Full-Time	Part-Time
	Active Owners, Officers, Partners		
	Licensed Employee Solicitors, Brokers, Agents, CSRs		
	Other Employees (Including Clerical)		
	Non-Employee Producers (Exclusive & Non-Exclusive)		
	TOTAL STAFF		

23.	What % of staff have agency experience:	Less than 3 years	%
		3-5 years	%
		> 5 years	%

		Yes	No
24.	Does your agency have a written agency procedures manual, which includes the requirement to document all client conversations?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Does your agency use an automated agency management system?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Is there a procedure to use a coverage checklist on proposals?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Is there a procedure to maintain written documentation of all rejections of coverage or offers of higher limit(s)?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Does the agency have a written procedure, overseen by agency's senior management, regarding the minimum financial stability ratings of carriers, reinsurers, or any other risk bearing entity into which the agency places business?	<input type="checkbox"/>	<input type="checkbox"/>

29.	Provide the following on the agency's expiring professional liability insurance (✓ if "None" <input type="checkbox"/>)		
	Name of Carrier	Expiration Date	Policy Retro Date (if "Full Prior Acts," ✓ box)
		MM/DD/YYYY	MM/DD/YYYY <input type="checkbox"/>

Requested Effective Date:	MM/DD/YYYY
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Requested Limit(s)			
<input type="checkbox"/>	\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$5,000,000 / \$5,000,000
<input type="checkbox"/>	\$2,000,000 / \$2,000,000	<input type="checkbox"/>	\$6,000,000 / \$6,000,000
<input type="checkbox"/>	\$3,000,000 / \$3,000,000	<input type="checkbox"/>	\$7,000,000 / \$7,000,000
<input type="checkbox"/>	\$4,000,000 / \$4,000,000	<input type="checkbox"/>	\$8,000,000 / \$8,000,000
		<input type="checkbox"/>	\$9,000,000 / \$9,000,000
		<input type="checkbox"/>	\$10,000,000 / \$10,000,000
		<input type="checkbox"/>	Other: \$

Requested Deductible(s)
<input type="checkbox"/> \$2,500 / \$7,500
<input type="checkbox"/> \$5,000 / \$15,000
<input type="checkbox"/> \$7,500 / \$22,500
<input type="checkbox"/> \$10,000 / \$30,000
<input type="checkbox"/> \$15,000 / \$45,000
<input type="checkbox"/> Other: \$

In addition to this signed and dated application, as a non-Westport insured please provide the following information:

- Current Valued 5-Year E&O loss run
- Most recent E&O Declarations Page and any unique coverage endorsements

NOTICE TO APPLICANT

I hereby authorize the release of claim information from any prior insurer to us.

I understand and accept that the policy applied for provides coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

For your protection, the following Fraud Warnings are required to appear on this application.

Applicable in Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

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 District of Columbia

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

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 of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other 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.

Applicable in Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable to New Jersey

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

Applicable to New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable to Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Applicable in Pennsylvania

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 Maine/Tennessee/Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in all Other States

Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind [First Specialty Insurance Corporation] to issuance of an insurance policy.

Applicant hereby represents that the statements and answers to the questions made above and the attachments hereto are true and applicant has not omitted or misrepresented any information and understands and agrees that this application shall become the basis of any coverage of any policy that may be issued by [First Specialty Insurance Corporation]

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

☐ By checking this block I affirm that all changes and entries made to the application, unless otherwise noted, were approved by the undersigned on the date of signature below.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.