A blue and white sign

AI-generated content may be incorrect.

Professional Liability Indication Form

|  |  |  |
| --- | --- | --- |
| **Agency:** | | |
| **Full Address:** | | |
| **Contact:** |  | **Phone:** |
| **Email:** |  | **Website:** |
| **Years under current ownership:** |  | **Total Number of Staff:** **Licensed Staff:** |
| **P&C Premium:** |  | **P&C Commissions:** |
| **Life/A&H Premium:** |  | **Life/A&H Commissions:** |
| **Total Premium Volume:** |  | **Total Commissions:** |

Brokerage (accounts you place through another agency): Admitted      % Non-admitted      %

Percentage of Revenue derived as a: Retail Agency      % Wholesaler      % Surplus Lines Broker      % MGA     %

Business placed w/insurers less than B+ by AmBest (incl NR):      % Any binding or u/w authority?  Yes  No

Are you aware of any circumstance, error or omission which may result in a claim against any of the companies or individuals proposed to be insured?  YES  NO

Claims in the past five years?  YES  NO (if yes, please provide # of claims, claim details and loss runs)

Any services other than insurance agent/broker (Financial Planning, Real Estate, Tax Advice, etc.)?  Yes  No

Percentage of business that is Direct Bill:      % Does your agency use an exposure checklist?  Yes  No

Does your agency have an agency management system with automated updates?  Yes  No

Lines of Business placed (total of all sections added together must equal 100%):

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMERCIAL** |  | Farm Owners & Livestock Mortality | % |
| Auto – Standard | % | Crop/Hail (Crop Supp. Required) | % |
| Auto – Non-standard | % | Other (specify) | % |
| SMP/BOP | % | **PERSONAL** |  |
| CGL | % | Standard | % |
| Umbrella/Excess | % | Non-standard | % |
| Workers Comp | % |  |  |
| Trucking | % | **Life** | % |
| Inland Marine | % | Individual Life | % |
| Ocean/Wet Marine | % | Group Life | % |
| Bonds | % |  |  |
| Aviation | % | **A&H** |  |
| Medical Malpractice | % | Individual A&H | % |
| Prof Liability (E&O/D&O) | % | Group A&H | % |
| Energy/Pollution/Environmental | % |  |  |
| Liquor Liability | % | Mutual Funds | % |

|  |  |  |
| --- | --- | --- |
| **Current E&O Premium:** |  | **Current E&O Carrier:** |
| **Current E&O Limits:** |  | **Deductible:** |
| Per claim      /Aggregate | | Per claim       /Aggregate |
| **Defense Outside Limits?**  **Yes**  **No** | **Loss Only** **& Claims Expenses** | |
| **Effective Date:** | **Retroactive Date:** |  |

**Important Note:** *Completion of this premium indication form and any resulting indication of premium released by the company does not obligate company to bind coverage, and/or issue an insurance policy. The right to decline to quote after risk assessment is retained by company.*

**Submitted by:** **Date:** **Email completed form to** [**eando@pianational**](mailto:eando@pianational.org)**.org or fax to 703-836-1279**

**Click here to email completed form to** [**eando@pianational.org.**](mailto:eando@pianational.org)