

Professional Liability Indication Form

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|  **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****.org or fax to 703-836-1279**

**Click here to email completed form to** **eando@pianational.org.**