



Professional Liability Indication Form

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.](mailto:eando@pianational.org)