

# Insurance Plus ®

2555 Inwood Rd # 247

Dallas, TX 75235

(214) 351-4097 • Fax (214) 351-6118

## Professional Liability Application INSURANCE AGENTS Errors & Omissions Insurance CLAIMS MADE

1) Applicant's name as appears on license \_\_\_\_\_  
2) Business name (dba) \_\_\_\_\_  
3) Full Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4) Any branch offices? Y  N  If yes-complete our branch office supplemental

5) Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

6) Application is: Individual  Partnership  Corporation  Other

7) How would you describe your credit? Great  Good  Average  Poor  Bad

8) Date agency was established (as applicant's current business name) \_\_\_\_\_ (MM/DD/YY)  
Number of years in the insurance business? \_\_\_\_\_

9) List all owners/officers and their percent of ownership interest.

Name	Ownership %	Yrs Experience	Yrs Licensed

10) Is applicant engaged in any other business other than Insurance? Y  N   
Explain \_\_\_\_\_

11) Is applicant controlled, owned, affiliated or associated with any other firm, agency, Corporation or Insurance Company?  
Y  N  If yes, how? \_\_\_\_\_

12) During the past 3 years has the name of the Agency been changed or has any other business or agency been acquired, merged into or consolidated with the applicant? Y  N   
If yes explain \_\_\_\_\_

13) E & O policy currently in force? Y  N  **Copy of expiring policy must be attached showing retroactive date)** Expiration date \_\_\_\_\_ Retroactive date \_\_\_\_\_

14) List last three E & O providers ??? If none state NONE!!!!!!

Provider	Policy Period	Limit	Deductible	Premium

15) Has the applicant ever had an E & O policy declined, renewal refused, or cancelled? (this also includes non-payment of monthly payments) Y  N

If yes explain: \_\_\_\_\_

16) What was total volume (new and canceled) of all lines for all companies ?  
 Last year \$ \_\_\_\_\_ This year \$ \_\_\_\_\_ Next year \$ \_\_\_\_\_

17) What was total commission income all lines all Companies?  
 Last year \$ \_\_\_\_\_ This year \$ \_\_\_\_\_ Next year \$ \_\_\_\_\_

18) List volume last 12 months by Insurance Company or General Agent starting with largest first.

Insurance Company or General Agent	Volume	Admitted	Rating
		Y <input type="radio"/> N <input type="radio"/>	
		Y <input type="radio"/> N <input type="radio"/>	
		Y <input type="radio"/> N <input type="radio"/>	
		Y <input type="radio"/> N <input type="radio"/>	
		Y <input type="radio"/> N <input type="radio"/>	

19) Is all incoming mail date stamped and worked every business day ? Y  N

20) How long do you maintain your records ? \_\_\_\_\_

21) Do you give written binders to your insureds ? Y  N

22) How and when do you notify the insurer of your binding (if allowed) them to a risk?  
 Explain \_\_\_\_\_

23) Do you document the file for all business related conversations ? Y  N

24) Do you require a form of written request from your insureds who desire their coverage to be increased, reduced or eliminated ? Y  N

25) What is the percent of applicant's annual volume by line of coverage ? (table must = 100% total)

Personal		Commercial		Other	
%	Automobile	%	Automobile	%	Life
%	Homeowners/Dwelling Fire	%	Property	%	Health
%	Mobile Homes	%	General Liability	%	Accident
%	Motor Homes/Campers	%	Package	%	Workers Comp
%	Motor Cycles	%	Cargo	%	Other: Explain
%	Other : Explain	%	Other : Explain	%	

26) What counties are the mobile homes in? \_\_\_\_\_

27) If accepted by the Insurer what is the requested effective date? \_\_\_\_\_ (MM/DD/YY)

28) Requested limit \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Requested deductible \$ \_\_\_\_\_

29) Do you have any independent contractor(s) working for your agency? Y  N

30) Do you want coverage for the independent contractor(s)? Y  N   
If yes, contact us for terms as coverage is NOT included.

**NOTE: AN ANSWER OF YES TO THE NEXT QUESTIONS WILL REQUIRE A WRITTEN ANSWER IN COMPLETE DETAIL ON THE APPLICANT'S LETTERHEAD AND MUST BE ATTACHED TO THE APPLICATION.**

31) Has the applicant or any employee of the applicant ever been subject to disciplinary action by any State Agency or Insurance Department? Y  N

32) Have any claims or suites been made against applicant or any staff member in the last 5 years? Y  N

33) After inquiry of each person proposed for insurance, is the applicant AWARE of ANY circumstance, omission, error or offense which may result in a claim being made against the applicant or any of applicant's employees? Y  N

### APPLICANTS ACKNOWLEDGEMENT

**The undersigned understands and accepts that any policy issued will provide coverage on a CLAIMS MADE basis and that the limit of liability to pay damages shall be reduced and may be completely exhausted by payment of claims expense. A deductible shall be applied against all claims expense.**

**The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatements of any material facts known, or should he known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued.**

**The undersigned understands. that misrepresentation, false, incomplete, misleading answers, omissions, or failure to disclose any PRE-EXISTING situation which could lead to the presentation of a claim will RELEASE the Insuring Company from any claim payment or defense expense**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature Title Date

## Payment Options

**Bill My Credit / Debit Card**

**Print and Mail with Check or other**

Card Type

Card Number

Exp. Date:

**enter as MM / YY**

Billing Zip:

[Insurance Plus](#)