

E&O Quote Indication Form

Named Insured: _____

Physical Address: _____ City/Town: _____ ST: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

FEIN #: _____ Website address: _____

Independent Agent/Agency? Yes No Date Established (Current Ownership): _____

Associations you are members of: _____

- % of Total Agency Commission placed by line: PL's _____% + CL's _____% + L&H _____% = 100%
- % of Non-Standard or Assigned Risk placed by line: PL's _____% CL's _____%
- % of business written direct from insureds: _____% % of business from other agents/agencies (sub-producers): _____%
- Number of sub-producers: _____ Are certificates required from all sub-producers? Yes No
- Any Specialty Lines of Business? Yes No ; If yes, what % of your income is placed as Specialty Lines? _____%
NOTE: Certain Specialty Lines of business may alter the premium and are subject to underwriting.
- % of P&C Business placed directly through your own carriers: _____%
- STAFF COUNT (Include ALL of the following: Active Agency Principals, Licensed & Unlicensed Personnel and 1099's):
of Full-Time (over 20 hours): _____ # of Part-Time (20 hours or less): _____
- P&C PREMIUM VOLUME: \$ _____ (excluding Contingency & Bonus Income)
- Commission Income (New & Renewal): P&C \$ _____ L&H \$ _____ Consulting Fees \$ _____
- E&O claims/incidents in the last 5 years? _____ (Include closed with expense only payment)
- CURRENT E&O Carrier: _____ Expiration Date: _____ Retro-Active Date: _____
Limits: \$ _____ Claim / \$ _____ Aggregate Premium: \$ _____
Deductible: \$ _____ Claim / \$ _____ Aggregate Type: Loss Only Loss & Expense

Signature Authorized Representative: _____ Date: _____

**This questionnaire is for a PREMIUM INDICATION ONLY and is not an Offer of Coverage or binding.
A completed carrier application is required for full underwriting to obtain a firm quote.**

Please complete this form and submit to:
Donna Goncalves, Program Manager
Email: dgoncalves@massagent.com
Direct: 508-634-7362
Fax: 508-634-2930



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