



Life & Health E&O Quick Quote Form



Easy Estimate for Life & Health Agents

Please complete for an E&O Premium Indication (Not applicable to "captive" agents)

Agency Name: _____

Address: _____

Fed ID #: _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax: _____

Effective Date: _____

Independent Agent/Agency since: _____ # of Years Licensed: _____

Check if agent is: Full-Time Part-Time

Annual L&H Commission: _____ Fees/Other Commissions: _____
(Including new and renewal)

Other Income: _____ Recieved From: _____

Mutual Funds: Yes No

Currently Covered: Yes No Series License Held: _____

of Persons with NASD License: _____ Limit: \$ _____ Deductible: \$ _____

Third party administrative activities: Yes No Currently Covered: Yes No

Number of 1099 sub agents: Under \$50,000 _____ \$50,000 or more _____
(Placing coverage through your agency or contracts/Annual commission dollars under/over \$50,000)

Property & Casualty premuim (if any): _____ Number of P&C employees: _____

Personal lines %: _____ + Commercial lines %: _____ =100% Brokered %: _____

Current liability limit: \$ _____ /\$ _____ Deductible: \$ _____ /\$ _____

Current E&O carrier: _____ Premium: \$ _____

Retroactive date (if any): _____

Please **COMPLETE** and **RETURN** to **Rebecka Lamarine**
email: rlamarine@massagent.com Phone: 508-634-7365

