

E&O EASY ESTIMATE



AGENCY INFORMATION

Consulting Fee Income:

Physical Address: Mailing Address:		Phone: E-mail:		
Independent Agent / Agency?		□ No 	-	
STAFF INFORMATION				
Include ALL the following: Activ	e Agency Princi _l	pals / Licensed &	Unlicensed Personnel	/ 1099's
Number Part Time (20 hours or Number of Full Time Non-Employ Number of Part Time Non-Employ Insurance Designations* of staf *Does not include having a license. BUSINESS SEGMENTATION	oyee, Non-Exclu loyee, Non-Exclu f equals or exce	usive Producers: ed 60% (CIC, CISF	 R, CPCU, LUTCF, etc)?	□ Yes □ No
Percentage of Total Agency Cor Personal Lines % Commercial Lines % Life & Health % Total	nmission placed%%%% 100%	l by line:		
Specialty Lines?* ☐ Yes	☐ No			
If yes, what % of your income is	placed as Spec	ialty Lines?	%	
*Certain Specialty Lines of business mo	y alter the premiur	m and is subject to un	nderwriting	
Percentage of P&C Business pla	ced THRU other	r Agents or Broke	ers:%	
AGENCY PREMIUM & REVEN	IUE			
Total Premium for top 5 Carrier Total P&C Premium Volume: Total P&C Commission: Total Premium Volume: Total L&H Commission:				

E&O PREVENTION

Exposure Analysis Che	DYes	DNo					
Date of E&O Loss Prevention Seminar last attended # staff atte							
E&O claims / incidents	s in the last 5 yea	ars? (include closed with expense only	y payment)	#			
CURRENT E&O COV	ERAGE						
Carrier:							
Expiration Date:							
Retro-Active Date :							
Limits:							
Deductible:							
Deductible Type	Loss Only	☐ Loss & Expense					
				_			
Authorized Signature		Da	te				

This Questionnaire is for a PREMIUM INDICATION ONLY and is not an Offer of Coverage nor is it bindable. If the premium indication is acceptable, you will be asked to complete a full E&O application.

Return to:

Metropolitan Washington Service Corporation, Inc.
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New Cumberland, PA 17070
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