



Please COMPLETE and RETURN to
Ellen Stoppel or Michelle St. Angelo...
Email: estoppel@massagent.com
mstangelo@massagent.com
Phone: 800-742-6363

QUICK NOTE / QUICK QUOTE for *Life & Health Agents*

From the Errors & Omissions Experts

Please Complete For an E&O Premium Indication (Not Applicable to "Captive" Agents)

Agency Name _____ Telephone _____
(or Individual Named Insured)

Address _____ Fax _____
_____ E-Mail _____

Contact Name _____ Effective Date _____

Independent Agent/Agency Since? _____ # Years Licensed _____ Full Time / Part Time?

Annual L&H Commission \$ _____ Fees / Other Commissions? \$ _____
(Including New and Renewal)

Other Income? \$ _____ Received From? _____

Mutual Funds? Yes / No Currently Covered? Yes / No Series License Held? _____

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

Any Third Party Administrative Activities? Yes / No Currently Covered? Yes / No

Property & Casualty Premium if any \$ _____ Number of P&C Employees _____

Personal Lines % _____ Commercial Lines % _____ Broker % _____

1099- Sub Agents under \$50,000 # agents _____ Sub Agents over \$50,000 # agents _____
(Placing coverage thru your agency or contracts / Annual Commission Dollars under / over \$50,000)

Current Liability Limit \$ _____ / \$ _____ Deductible \$ _____ / \$ _____

Current E&O Carrier _____ Retro-Active Date (if any) _____