

E&O QUICK QUOTE Questionnaire

Named Insured: _____

Physical Address: _____

Mailing Address (if different): _____ City/State/Zip: _____

Federal ID# or Social Security #: _____ Website: www. _____

Contact Name: _____ Phone: _____ e-mail: _____

Independent Agent / Agency? Yes No **Date established** - current ownership: _____

Associations you are members of: _____

▪ **% of Total Agency Commission** placed by line: **P/L's** _____% + **C/L's** _____% + **L&H** _____% = 100%

▪ **% of Non-Standard or Assigned Risk** placed by line: **P/L's** _____% **C/L's** _____%

▪ **Specialty Lines?*** Yes No If yes, what % of your income is placed as Specialty Lines? _____%
*Certain Specialty Lines of business may alter the premium and is subject to underwriting

▪ **% of P&C Business placed THRU** other Agents or Brokers: _____%

▪ **STAFF COUNT***: Full Time (over 20 hours) # _____ Part Time (20 hours or less) # _____
***IMPORTANT** - Include ALL the following: Active Agency Principals / Licensed & Unlicensed Personnel / 1099's

▪ **P&C PREMIUM VOLUME**: \$ _____ (*excluding Contingency & Bonus Income*)

▪ **Commission Income (New & Renewal)**: P&C \$ _____ L&H \$ _____ Consulting Fees \$ _____

▪ **Exposure Analysis Checklist** used on **ALL** accounts (P/L and C/L – active at least 1 year)? Yes No

▪ **Insurance Designations*** of staff equals or exceed 60% (CIC, CISR, CPCU, LUTCF, etc)? Yes No
*Does not include having a license.

▪ **E&O Loss Prevention Seminar** last attended _____ (month)/20_____(year) # staff attended _____

▪ **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**. If premium indication is acceptable, please complete a **UTICA APPLICATION** to submit to Underwriting.

 Utica National Insurance Group



Utica Mutual Insurance Company and its affiliated companies
New Hartford, NY 13413 • www.uticanational.com

8-Q-456 Ed. 03-2011