RETURN TO: ANGELA SCHRODER
Call 800-460-6424
ANGELA@USEO.COM
FAX: 281-450-1335

INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS APPLICATION

Please Print or Type and complete all questions.

Section I

1. Legal Entity / Agency Name: _____

   DBA: (if applicable): _____

   Physical Address: _____

   City: _____ State: _____ County: _____ Zip Code: _____

   Phone No.: _____ Email Address: _____

2. Is the Agency: A ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other

3. What percent (%) of your business is: **(TOTAL MUST EQUAL 100%)**

   Retail (Business Sold Directly to Insureds) _____%

   Wholesale (Business sold to other Agents) _____% **Complete Section II

   MGA (Business for which you have underwriting authority) _____% **Complete Section II

4. a.) Year Agency/Entity Established: _____ b.) Year Current Owner(s) Assumed Management _____

   ***Resumes for all agency officers/owners/brokers and agents must be provided if agency established within the past 3 years.**

   c.) Number of Agency Personnel

(**only include each person in one category**)	**# of Persons**	**Avg. # of Years in Insurance**
Owners, Principals, Partners, Members		
Employed Licensed Brokers & Agents		
Commission Only Producers/Solicitors		
Number of Licensed Staff including CSR's		
Unlicensed Staff/ Clerical		

5. Percentage of your business placed with Admitted carriers: _____% Non Admitted/Surplus Lines Carriers: _____%

6. Percentage of business Placed: Direct through Carriers: _____% Through MGA's: _____% Through Wholesalers: _____%

7. Percentage of business placed with carriers rated less than B+ by A.M. Best _____%

8 **Please provide the following based on the last 12 months of operation.**
(If new business entity, next 12 months projections)

Total Commercial Lines Premium Volume	$	**Commercial Lines Gross Commission Income**	$
Total Personal Lines Premium Volume	$	**Personal Lines Gross Commission Income**	$
TOTAL P & C PREMIUM VOLUME	$	**TOTAL GROSS P & C COMMISSION**	$
TOTAL FEE INCOME or OTHER INSURANCE RELATED ACTIVITIES	$	**TOTAL Life/ A & H COMMISSION**	$
		IF MGA/ MGU OR WHOLESALER - NET COMMISSION INCOME	$

9. Breakdown of agency business **(Totals should equal totals presented in Question 8 above)**.

COMMERCIAL LINES	**PREMIUM VOLUME**	**GROSS COMMISSION INCOME**
Workers Compensation		
Commercial Auto		
Trucking (Fleet and Long Haul)		
Commercial Multi-Peril		
Bonds		
Professional Liability & E&O		
Directors and Officers		
Medical Malpractice and Allied Healthcare		
Environmental/ Energy/Pollution		
Umbrella and Excess		
Aviation		
Wet Marine		
Crop		
Liquor		
Other (Specify if more than 5% of total premium)		
TOTAL COMMERCIAL LINES	$	$
PERSONAL LINES	**PREMIUM VOLUME**	**GROSS COMMISSION INCOME**
Standard Automobile		
Non-Standard Auto/Assigned Risk		
Umbrella		
Property and Dwelling		
Other (Specify if more than 5% of total premium)		
TOTAL PERSONAL LINES	$	$
LIFE, ACCIDENT, & HEALTH		**GROSS COMMISSION INCOME**
Life		
Health & Accident		
Annuities & Pension		
Other		
TOTAL LIFE, ACCIDENT & HEALTH	$	$

10. What is **next 12 months estimated**: Premium Volume: $ _____
Gross Commission Income? $ _____

11. Do you expect in major changes in the lines of business written in the next 12 months? ☐ Yes ☐ No
If Yes, please provide details: ☐ See attached

_____

Section II

Does the Applicant act as Managing General Agent, Wholesale Broker, Underwriting Manager and/or Program Administrator? ☐ Yes ☐ No If **NO**, skip to Section III.

If Yes, please complete the following:

1. Provide the following information for each company/carrier that you have represented

Name of Companies /Carriers Represented with Binding Authority	**Years Under Contracted** (state as 19xx- 2xxx)	**Annual Premium Volume**	**# of Audits Per Year**	**# of Producers Appointed as Sub-Agents**

2. What is the Applicant's Maximum Authority for the following:
Binding Risks: $ _____ Claims Adjusting: $ _____
Loss Control: $ _____ Reinsurance Placement: $ _____

3. If in the last five (5) years was a Program / Contract been cancelled or terminated? ☐ Yes ☐ No

4. Has a Company/Carrier added restrictions to the applicant's underwriting or claim handling authority?

☐ Yes ☐ No **If Yes to either question 3 or 4, please provide details:** ☐ See attached

_____

_____

5. If you accept business from sub-agents, do your require evidence of Professional liability coverage?
☐ Yes ☐ NO ☐ N/A
If Yes, What limits are required? _____ How many sub-agents have binding authority? _____

Section III

Affiliated with Insurance Pro Agencies, Inc.

1. Does the applicant have any subsidiaries or affiliated organizations? ☒ Yes ☐ No
Insurance Pro Agencies, Inc, needs to be added for vicarious liability by contract.

2. a. Have you acquired any agencies in the past 12 months? ☐ Yes ☐ No
If Yes, provide the following for each subsidiary and affiliated organizations.
(Please use a separate page for each additional entity.)
Name:

_____

Brief Description of Operations: ☐ See attached

_____

Date Acquired /Created /Merged/ Affiliated: _____ Your Percentage of Ownership: _____%

b. Is coverage requested for any of the above subsidiaries or affiliated organizations? ☐ Yes ☐ No
If Yes provide endorsement(s) for additional named insureds from expiring coverage.
Please confirm all premium volume and income for all subsidiaries or affiliated organizations to be included in coverage are included in questions 8 and 9 above.

3 Do you want coverage extension for sale of Mutual Funds? ☐ Yes ☐ No
Mutual Fund Commission $ _____ Broker/Dealer Name:_____
Licensed Agent's Name: _____ License Number: _____
If yes, provide the broker/dealer/company name, licensed agent's name, license number.

4. Does the applicant or any agency owner, officer, partner/principal, member of solicitor or employee perform any of the following activities?
If yes, attach resume, promotional material and sample contract**. Coverage may be excluded under the policy.**

	YES	NO	Income		YES	NO	Income
Reinsurance Intermediary	☐	☐	$	Human Resources	☐	☐	$
Third Party Administrator	☐	☐	$	Actuarial Services	☐	☐	$
Claim Adjustment Services	☐	☐	$	Tax Advisor	☐	☐	$
Loss Control/ Risk Management	☐	☐	$	Premium Finance for Agency Clients	☐	☐	$
Investment, Securities Advisor	☐	☐	$	Real Estate	☐	☐	$
Prepaid Legal Services	☐	☐	$	Other	☐	☐	$

5. Office Procedures:

		YES	NO	N/A
a.	Does the agency utilize a computerized production and accounting system?	☐	☐	☐
b.	Is there a back-up procedure for computerized production?	☐	☐	☐
c.	Are written or electronic records maintained outlining details of all business conversations, including client's verbal instructions and oral agreements?	☐	☐	☐
d.	Are all insured requests for changes or cancel of coverage required in writing, signed & dated?	☐	☐	☐
e.	Is a policy expiration list maintained?	☐	☐	☐
f.	Are all incoming documents date identified?	☐	☐	☐
g.	Does the agency have a written office procedures manual?	☐	☐	☐
h.	Are all applications, policies and endorsements checked for accuracy?	☐	☐	☐
i.	Do you use 'Power of Attorney" to represent your insureds? If Yes, provide details	☐	☐	☐
j.	Are files marked to ensure certificate holders are notified of cancellation or material changes?	☐	☐	☐
k.	Do you obtain signed & dated waivers for flood and wind from your clients?	☐	☐	☐
l.	Does your agency have a Commercial Crime Policy?	☐	☐	☐
m.	Does your agency have a General Liability Policy	☐	☐	☐

6. In the past 5 years, please provide the number of E&O claims / incidents made against the applicant or any past or present owner, officer, partner, principal, employee, member or solicitor ☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
Please complete a claim supplement for each claim / incident and provide current (within 60 days) loss runs.

7. Has the applicant or any past or present owner, member, partner, director, officer, employee or independent contractor been the subject of a disciplinary action, investigation, license suspension or fine as a result of professional activities?
☐ Yes ☐ No **(If Yes, please provide details on a separate page)**

8. a) Does the applicant or any owner, partner, director, officer, employee or independent contractor have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? ☐ Yes ☐ No
If Yes have you reported to your current E&O carrier? ☐ Yes ☐ No

b) Is this information included in question 6 response? ☐ Yes ☐ No
If No, terms will not be provided until confirmation of incident / claim report is obtained.
If Yes to any part of question 8 please provide details (including currently valued loss runs) on a separate page.

9. Has the applicant ever had E&O coverage declined, canceled or refused renewal? (Not applicable in MO)?
☐ Yes ☐ No
If Yes provide explanation: ☐ See attached

_____

10. Does the applicant have any additional named insureds or additional insureds endorsed on current coverage?
☐ Yes ☐ No **If Yes, please provide endorsement(s) from expiring coverage.**

11. Do you currently have Errors & Omissions Insurance in force? ☐ **Yes** ☐ **No** Expiration Date: _____
Name of Insurance Carrier: _____ Current Limits: _____
Deductible: $ _____ Retro Date: _____ Premium $: _____

(Attach a Copy of Expiring Declarations Page and Proof of Retro Date)

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **NOTICE TO D.C. APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both. **NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **NOTICE TO RHODE ISLAND APPLICANTS**: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. **NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND AGENCY ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT:

1. Understands and agrees this Application and any and all supplements, attachments and replies to underwriter inquiries are made a part of and incorporated into any policy issued, and any such policy will be issued in reliance upon the representation(s) made herein. Applicant further understands and agrees that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued;

2. Authorizes and consents to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of Applicants business including authorization to every person or entity, public or private, to release to the Company providing insurance coverage any documents, records or other information bearing upon the foregoing; and

3. Understands and agrees these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER OR MEMBER OF THE APPLICANT.

Date	Signature
Printed Name Signature	Title of Person Signing the Application

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, original, signed and dated application will allow for prompt issuance of coverage, should quotation be offered and accepted.

Additional Insured Supplemental Application

E&O Insurance Applicant's Name:

_____

What is the name of the firm, company or group requiring additional insured coverage?

Insurance Pro Agencies, Inc. 15255 S. 94th Street, Suite 410, Orland Park, IL 60462

Are you required by contract to provide additional insured coverage? ■ Yes ☐ No

Describe your relationship with this entity?

_____

_____

_____

How long have you been doing business with this entity? _____

REPRESENTATIONS:
On behalf of our company, I agree that this application, including all attachments, exhibits, supplemental applications or addendums is complete and correct to the best of my knowledge and belief. I understand that this application and it's addendums form the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company Agent or Broker to provide insurance. This application attaches to and becomes a part of the contract of insurance, if such contract is issued.

FRAUD WARNING
[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.]

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE

Name: _____ *Title:* _____
(Print Name) (Print Title)

Signature: _____ Date: _____
(Owner, Partner or Senior Officer) (Month/Day/Year)

Wesco Insurance Company 800 Superior Ave. East 21st Floor Cleveland, OH 44114	**CLAIM SUPPLEMENT**

1.	Full name of Applicant Firm:				
2.	Full name(s) of individual(s) of firm involved in claim:				
3.	Other defendants:				
4.	Name of potential/actual claimant(s):				
5.	Check whether: ☐ incident	☐ claim	☐ lawsuit	☐ disciplinary action	
6.	a. Date of alleged act, error, or omission:				
	b. Date reported to insurer:				
	c. Name of insurance carrier responding to this claim:				
7.	Present status of claim **(check one and include any deductible amount in figures provided):**				
	☐ Closed		☐ Open		
	Total loss paid (including deductible):	$	Claimant's settlement demand:	$	
	Total expense paid (including deductible):	$	Defendant's offer for settlement:	$	
	☐ Court judgment		Insurer's claim reserve:	$	
	☐ Out-of-court settlement		Expense reserve:	$	
	☐ Dismissed		Expenses paid to date:	$	
	☐ Arbitration award	☐ Currently In Suit	☐ Incident/Report Only (No reserve established, no expenses to date)		
8.	**a.** Alleged act, error or omission upon which claim or incident is based:				
	b. Description of events leading to claim or incident:				
	c. Current status:				
	d. What steps have been taken to prevent a similar loss in the future?				
	Please include copies of carrier loss run(s) valued within 30 days of desired policy inception date.				

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.

Signature of Officer or Partner of Firm | Print name of Officer or Partner | Date