PIA Agents' E&O Quick Quote Application

Instructions: Submit completed form (1) via email to EandO@pianet.org (as an attachment) or (2) via fax to 703-836-1314.
Please note: To save your answers to your computer (recommended), you must complete this form using Adobe Reader version 8 or above. Download it free here: http://www.adobe.com/products/reader/
Questions? Call PIA at 1-800-PIA-6900 ext. 362 or 703-518-1362.

1a. Name of agency _____ 1b. Date established _____
2. Contact name _____ 3a. Phone _____
3b. Fax: _____ 3c. Email address: _____
4a. Street or PO box: _____ 4b. City _____
4c. State _____ 4d. Zip _____
5. Number of years insurance agency experience _____ 6. Number of years principals licensed _____
7. Number of years continuous E&O coverage _____ 8a. Current E&O carrier _____
8b. Current retro date _____ 8c. Policy effective date _____
9a. Limits currently carried _____ 9b. Current deductible _____ 9c. Premium _____
10. Please provide the following based on the last 12 months of operations:
- a. Agency P&C premium volume _____
- b. Agency P&C commission income _____
- c. Agency Life/A&H commission income _____
- d. Consulting/fees _____

11. Total staff size: Select full time Select part time (including owners, officers, partners, CSR's, etc.)
12a. In the past 5 years, number of E&O claims Select
12b. Number of closed claims in the past 5 years Select
12c. Dollar amount paid (including claim expense) _____
12d. Any current open claims? ○ yes ◉ no
12e. Has your E&O been cancelled or non-renewed in the past five years? ○ yes ◉ no
12f. Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities? ○ yes ◉ no
12g. Does the Applicant have any knowledge of any potential error and omissions claim(s)? ○ yes ◉ no
(If yes to any of the above please attach an explanation with details.)
13. Percentage of business placed with carriers: Admitted % Non-admitted %
14. % business you placed as a: % Agent % Broker % Surplus lines agent % MGA
15. Please indicate the dollar amount or percentage of Applicant's premium volume derived from each line of business listed below:

Personal Lines		**Commercial Lines**	
Auto (Standard)		Auto (other than long haul trucking)	
Auto (nonstandard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (non-BOP)	
Other (Describe)		Workers' Comp (Non-retrospective rated)	
Life, Accident & Health		Workers Comp (Retrospective rated)	
Individual Life		Bonds	
Individual Accident & Health		Crop/Animal Mortality	
Group Life		Aviation	
Group Health		Inland Marine/Ocean Marine	
Financial Product (Series 6)		Professional Liability/Medical Malpractice	
		Other (Describe)	

Today's Date: _____

Submit form via email.

Please SAVE and PRINT your form before submitting via email.