



AMERICAN SPECIALTY AGENTS PROGRAMS

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INSURANCE BROKERS & AGENTS E&O APPLICATION

1. Name of Applicant: _____
 DBA: _____
 Physical Address: _____
 City: _____ State: _____ ZIP: _____ Phone Number: _____
 Contact: _____ Email Address: _____
 # of Locations: _____ # of Employees (list by location): _____
 Location #1: _____ Location #2: _____ Location #3: _____
 If more than 3 locations, please attach sheet with remaining locations.

2. Year Agency Established: _____ If less than 3 years, please attach resumes of principals.
 Owners Years of Insurance Experience: _____

3. Limits of Liability Desired: _____ Each Claim/Aggregate _____ Deductible

4. (a) Please indicate the Premium Volume produced by or through the Applicant and the revenues / commissions earned:

YEAR	PREMIUM VOLUME	NON-STANDARD AUTO COMM	OTHER COMMISSIONS
Last Completed			
Current Estimated			

- (b) List the source of other revenue/commissions by lines of business. If additional space is needed use addendum 1.

<i>Lines of Business</i>	<i>Revenue/Commissions</i>
_____	_____
_____	_____
_____	_____
_____	_____

5. (a) Please confirm that 100% of your business is placed as a Retail Agent. YES/NO
 (If no, please complete Addendum 1)

6. Please list the top three (3) Insurance Companies by Premium Income with which the Applicant places business and the dollar volume for each:

INSURERS AND/ OR MGA'S	PREMIUM VOLUME
	\$
	\$
	\$

7. (a) Does the Applicant delegate Binding Authority to Sub-Producers? YES/NO
 (b) Does the Applicant Adjust Claims? YES/NO
 (c) Does the Applicant have authority to deny Claims? YES/NO
 (d) Does the Applicant negotiate/purchase Reinsurance? YES/NO
8. Do you have Procedures to record and document for the file all business-related telephone conversations and require employees to follow these procedures? YES/NO
9. Are all declination of coverage confirmed in writing? YES/NO
10. Do you obtain instructions in writing from customers who want their insurance coverage reduced or eliminated YES/NO

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11. Are Customers advised in writing whenever insurance cover cannot be bound immediately or when special restrictions or endorsements apply? YES/NO

12. Does the Applicant currently have Errors & Omissions Insurance in Force? YES/NO

Name of Insurer: _____

Limits: _____ Deductible: _____ Premium: _____

Retroactive Date of Current Policy: _____ Expiration Date: _____

13. (a) Has the Applicant been the subject of Disciplinary Action or Investigation as a result of Professional Activities? YES/NO

(b) Have there been any Errors and Omissions Claims made against the Applicant during the past 5 years? YES/NO

(c) Does the Applicant have any Knowledge of any Potential Errors or Omissions Claim(s)? YES/NO

(d) Has the applicant ever had Error and Omissions coverage declined / non-renewed / cancelled? YES/NO

If 'YES' to any of Question 13, please attach an explanation

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

NAME OF FIRM: _____

BY: _____
Owner, Partner or Officer (Must be signed)

DATE: _____ TITLE: _____