

Application for "Claims Made" Insurance Policy for Insurance Agents and Brokers Professional Liability (E&O)

*****RENEWALS:** Please review this application, along with all applicable supplements and attachments and note any changes in question 28. Provide updated information for questions 5, 6, & 7a.

1. a. Brokerage/Agency's **Legal Entity** Name: *(proposed primary named insured)*

b. Organization Type: Sole Proprietor Partnership Corporation LLC
 Other: _____

c. Are you a member of your provincial Insurance Brokers Association? Yes No

d. Date entity established*: ____/____/____ (month/day/year)

***If less than 3 years, attach resume and business plan.**

e. Is coverage requested for any majority owned additional entities? Yes No

If yes, complete the Additional Entity Supplement.

2. a. **Street Address** (Primary Location):

 City: _____ Province: _____ Postal Code: _____

b. **Mailing Address** (if different from 2.a.):

 City: _____ Province: _____ Postal Code: _____

c. Does the brokerage/agency have additional locations? Yes No

If Yes, how many additional locations? _____

3. a. Name of individual designated as brokerage/agency E&O contact: _____

b. Phone: () _____ c. Fax: () _____

d. E-Mail Address: _____

e. Website Address: _____

f. Does website contain a privacy statement? Yes No

4. During the last 5 years for new applicants, and during the last year for renewal applicants,

a. has the name of the brokerage/agency changed? Yes No

b. has there been a change in brokerage/agency ownership? Yes No

c. has the brokerage/agency participated in a cluster / alliance arrangement? Yes No

d. have you acquired, merged with, or purchased any other brokerage/agency? Yes No

If yes to 4.a. or 4.b., please complete the Name/Ownership Change Supplement

If yes to 4.c., please complete the Brokerage/Agency Cluster/Alliance Supplement

If yes to 4.d., please complete the Acquisitions & Mergers Supplement

Current 12 Months Next 12 Months (Estimated)

5. a. Total P&C **gross premiums** written annually,

excluding Life and A&H and Government Auto\$ _____ \$ _____

b. Total gross annual P&C **commissions**.....\$ _____ \$ _____

c. Total gross annual Life and A&H **commissions**.....\$ _____ \$ _____

d. Total gross annual Government auto **commissions**.....\$ _____ \$ _____

6. a. Number of Personnel: (Each individual should be counted only once and attach a listing of staff, including years experience and position held.)

	Full-Time	Part-Time
Owners, Officer, Partners		
Other Employee Producers, Brokers, Agents		
Hail Only Agents		
CSRs		
Other Licensed Employees (Including Clerical)		
Non Licensed Employees (Including Clerical)		
Exclusive, Non-employee Producers		
Non-exclusive, Non-employee Producers*		
TOTAL STAFF:		

*Do you desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Named Insured?..... Yes No
If no, you should verify that they carry their own Errors and Omissions coverage.
If yes, attach list of all Non-exclusive, Non-employee Producers desiring coverage (show Name, Commission Income, Number of Years with Applicant, and Years Licensed for each)

List all licensed life insurance agents associated with applicant:

Name	Exclusive		Professional Designations	# of Years w/Applicant	Provinces Licensed In W/Applicant
	Yes	No			

- b. What percent of licensed staff have brokerage/agency experience: Less than 3 yrs. _____% 3-5 yrs. _____%
 More than 5 years _____%
- c. What was the average turnover rate for the last three years? _____%
- d. What percent of brokerage/agency personnel have insurance designations? _____%

7.a. Type and Approximate Percentage of Insurance Placed.

Commercial Lines (% of Total P&C Premiums)	Current Year	Prior Year	Life Insurance (% of Total Life/A&H Commissions)	Current Year	Prior Year
Commercial Auto	%	Company Use Only	Annuities	%	Company use only
CMP/CGL/Package	%		Credit Life	%	
Umbrellas/Excess	%		Group	%	
Property Coverage	%		Individual	%	
Crop Coverage	%		Other (List)	%	
Workers Compensation	%		TOTAL LIFE INSURANCE:	%	
Flood	%				
Wet Marine	%		A & H Insurance		
Livestock Mortality	%		Group – Carrier Insured	%	
Medical Malpractice	%		Group – Self-Insured	%	
Professional Liability Non-Medical	%		Individual	%	
Aviation	%		Other (List)	%	
Bonds	%				
Long Haul Trucking	%		TOTAL A & H INSURANCE:	%	
Other (List)	%	LIFE + A&H	100%		
TOTAL COMMERCIAL LINES:	%				

7.a. Type and Percentage of Insurance Placed. (continued)

Personal Lines (% of Total P&C Premiums)	Current Year	Prior Year	Life Insurance (continued)		
				Commission	Coverage Desired?
Auto-Standard	%	Company use only			
Auto-Non-Standard	%		Segregated Funds	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners & Standard Fire	%		G.I.C.'s	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Standard Fire	%		R.R.I.F.'s	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft	%		R.R.S.P.'s	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Umbrella	%		R.E.S.P.'s	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flood	%				
Farmowners	%				
Other (List)	%				
TOTAL PERSONAL LINES:	%				
COMMERCIAL + PERSONAL	100%				

b. Percent of policies written on a direct bill basis: _____%

c. Check each province where brokerage/agency is licensed:

- | | |
|---|---|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> North West Territories | <input type="checkbox"/> Other |

d. What is the approximate number of policies in force? _____

8. a. List the top 5 brokerage/agency contracted **Property & Casualty Insurance Carriers** by annual premium.

Complete Name of Insurance Carrier	Years Represented	Loss Ratio *	Annual Premium
			\$
			\$
			\$
			\$
			\$

* If the loss ratio for any company represented is over 100%, please provide reason: _____

b. (1) Indicate approximate amount of business brokerage/agency places with carriers that are:

Licensed carriers: _____%

Unlicensed carriers: _____%

(2) If placing coverage with unlicensed carriers, do you have the policyholder sign an acknowledgement letter advising the risks associated with this type of market? Yes No

c. List all **Insurance Carriers** with whom brokerage/agency contracts have been terminated in the last 5 years. (✓ if "None")

Name of Insurance Carrier	Reason Contract Terminated				
	Lack of Production	Loss Ratio	Carrier Insolvency	Market Withdraw	Other (Describe)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9.a. Percentage of **Property & Casualty** business placed:

- (1) Direct with Carriers _____%
 - (2) Through Brokers (*including Surplus Lines*) _____%
 - (3) Through MGAs _____%
 - (4) Through Retail Agencies _____%
 - (5) Through Other Insurance Intermediaries _____%
(Describe) _____
 - (6) As Broker* (*including Surplus Lines*) _____%
 - (7) As MGA* _____%
- *Are E&O Certificates of Insurance required from sub-producers? Yes No
- TOTAL:** 100 %

b. List the top 3 **Brokers, MGAs or Intermediaries** by annual premium. (✓ if “None”)

Name of Broker, MGA or Intermediary	Annual Premium
	\$
	\$
	\$

10. In the past five years, has the brokerage/agency placed coverage for any Petroleum exploration or extraction exposures?..... Yes No

If yes, Number of Accounts: _____ Annual Premium \$ _____

11. In the past five years, has the brokerage/agency placed coverage for Hazardous Waste removal, storage, or treatment?..... Yes No

If yes, Number of Accounts: _____ Annual Premium \$ _____

12. In the past five years, has the brokerage/agency placed coverage or been involved with:

- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| Captive Management | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinsurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Insured Captives | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk Retention Groups (RRG) | <input type="checkbox"/> | <input type="checkbox"/> |

13. Does the brokerage/agency perform any of the following activities:

	Yes	No	Revenue
Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claims Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Legal Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Title Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Premium Finance Company	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management with Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management without Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Bank or Loan Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Name of Lending Institution:			
Mutual Fund Sales *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Financial Planning *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Real Estate *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Safety Consultant (Attach a copy of Safety Consulting contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator (Attach a copy of TPA contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Alberta Registry Agent Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other: (<i>Describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	\$

***If coverage requested, a separate supplement/application is required for coverage consideration.**

14. a Is there any entity having a 10% or more interest in the brokerage/agency or any subsidiary or affiliate of the agency? Yes No

If yes attach organization chart and complete 14. b. to f.

- b. Affiliate's Name: _____ c. Ownership: _____%
- d. Affiliate's Operations: Bank Insurance Real Estate/ Mortgage Other: _____
- e. Affiliation: Parent Company Sister Company Holding Company Joint Venture
- f. What percent of brokerage/agency revenue is derived from insurance placement for affiliated companies? _____%

15. Does brokerage/agency place insurance for any entity (**other than the brokerage/agency**) which the brokerage/agency or brokerage/agency personnel have 10% or more ownership interest? Yes No

16. Office Procedures for all locations:

	Yes	No
a. Are incoming documents date identified?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are copies of binders/certificates mailed to the insured and/or the carrier within specified guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are certificates of insurance issued based on policy terms and conditions?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the agency maintain a policy expiration list?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does agency use a coverage checklist on all commercial proposals?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a procedure to maintain written documentation of all rejections of coverage?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there a procedure to periodically review renewal risks for needed changes in coverage?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all applications, policies and endorsements checked for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are files marked to ensure certificate holders, regulatory agencies are notified of cancellation or material changes?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is there a procedure for documenting telephone conversations?	<input type="checkbox"/>	<input type="checkbox"/>
k. What type of diary/suspense procedure does the brokerage/agency use? (✓ if "None" <input type="checkbox"/>) <input type="checkbox"/> Automated Procedure <input type="checkbox"/> Non-Automated Procedure		
l. Does applicant have a current Office Procedure Manual?	<input type="checkbox"/>	<input type="checkbox"/>
m. Does applicant have a specific orientation program for new employees?	<input type="checkbox"/>	<input type="checkbox"/>
n. Does the agency use an automated management system?	<input type="checkbox"/>	<input type="checkbox"/>
o. What type of file system does the brokerage/agency utilize? <input type="checkbox"/> Paper Files <input type="checkbox"/> Transactional <input type="checkbox"/> Imaging		

17. Have required brokerage/agency personnel participated in an ERC sponsored Errors and Omissions Loss Control Seminar in the past three (3) years? Yes No

18. a. Has brokerage/agency had an Errors and Omissions Audit? Yes No
 b. Were all recommendations implemented? Yes No
 c. Name of audit firm: _____ d. Date of audit: ____/____/____

Attach Copy of Audit with Application

19. After inquiry of each brokerage/agency personnel, are there any known circumstances or incidents which may result in an errors and omissions claim being made against the brokerage/agency? Yes No

If yes, what is the total number of these potential claims? _____

Complete a Claim Supplement for each potential claim. (Claim supplement not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)

20. Have any errors and omissions claims or incidents been made against the brokerage/agency or any of its past or present personnel or predecessor brokerage/agency, within the last 5 years? Yes No

If yes, what is the total number of these claims not previously reported to ERC? _____

Complete a Claim Supplement for each claim/incident. (Claim supplement not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)

21. Has the brokerage/agency paid an E&O loss in excess of \$5,000 out of brokerage/agency funds within the last 5 years? Yes No

If yes, what is the total number of losses paid? _____

Complete a Claim Supplement for each incident. (Claim supplement not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)

22. Has any policy or application for Errors and Omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? Yes No

If yes, please indicate: Year: _____

Reason: Claim Experience Carrier withdrew from market Brokerage/Agency Operations Non-Payment
 Other (Describe): _____

23. Has any past or present brokerage/agency personnel been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority or convicted of a criminal activity? Yes No
If yes, provide a copy of the action pending or taken by the disciplinary body or judicial system.
24. Please provide the following on the brokerage/agency's prior 5 years of professional liability insurance:
 (✓ if "None")

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

25. Requested Effective Date: ____/____/____
26. Requested Limit of Liability: Each Occurrence: \$_____ Annual Aggregate \$_____
27. Requested Deductible: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000 \$50,000* \$100,000*
 * requires financials
28. **RENEWALS:** If there have been any changes to information appearing on this application and any supplements or attachments, please provide details of those changes in the space below.

Failure to report a change could result in being underinsured or uninsured.

No Change

PRIVACY NOTICE TO APPLICANT

The undersigned applicant authorizes Employers Reinsurance Corporation (a) to collect his/her personal information in order to process and evaluate this application, to provide insurance if coverage is accepted, to obtain reinsurance for the policy, to investigate any claim made under the policy, which may require third parties to collect insured's personal information, and to serve other purposes as permitted by applicable law; (b) to disclose his/her personal information to its subsidiaries, affiliates, reinsurers and agents for these purposes, and (c) to use his/her personal information for these purposes. Furthermore, the undersigned authorizes any third party who receives undersigned's personal information from Employers Reinsurance Corporation to collect, use and further disclose the personal information for these purposes.

NOTICE TO APPLICANT

Applicant hereby warrants and represents that the statements and answers to questions made above and attachments hereto are true and applicant has not omitted or misrepresented any information.

I understand and accept that the policy applied for provides coverage on a "claims made" basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

Applicant understands and agrees that the completion of this application does not bind ERC to issuance of any insurance policy. Further, the applicant understands and agrees that she or he is obligated to report any changes in information provided in this application that occur after the date of the application.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____

(Please Print)

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.