



AmTrust

WESCO INSURANCE COMPANY

INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS QUICK APPLICATION (Claims-Made and Reported Policy)

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER AND IF NECESSARY TO PRESERVE COVERAGE FOR SUCH CLAIM THAT YOU PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT FROM THAT INSURER.

Please Print or Type and complete all questions.

1. Name of Agency: DBA: (if applicable) Phone No.: Fax No.: Website: Physical Address: City: State: County: Zip Code:

2. Total # of ALL employees: (Count each person only once) (including owners, licensed agents, 1099 producers and clerical staff)

3. a.) Percentage of Business placed with the following Type of Carrier: %Admitted %NonAdmitted % Percentage of Business with Non-Rated, Less than B+ and Demotech Rated

b.) % Retail % MGA % Wholesale

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

5. 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 Please complete a claim supplement for each claim / incident and provide current (within 60 days) loss runs.

6. 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)

7. 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 5 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 5 please provide details (including currently valued loss runs) on a separate page.

8. 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.

9. Please provide: (Enter as whole numbers only. 10,000 is entered as 10000. 1,000,000 is entered as 1000000.)

Table with 4 columns: Description, Amount (\$), Description, Amount (\$). Rows include Total Commercial Lines Premium Volume, Total Personal Lines Premium Volume, TOTAL P & C PREMIUM VOLUME, TOTAL FEE INCOME or OTHER INSURANCE RELATED ACTIVITIES, Commercial Lines Gross Commission Income, Personal Lines Gross Commission Income, TOTAL Life/ A & H COMMISSION, TOTAL GROSS COMMISSION LAST 12 MONTHS, IF MGA/ MGU OR WHOLESALER - NET COMMISSION INCOME.

10. Breakdown of agency business (Totals should equal Gross Income stated in Question 9 above).

COMMERCIAL LINES		PERSONAL LINES		LIFE & HEALTH	
%	Workers Comp.	%	Automobile Standard	%	Life
%	Commercial Auto (except trucking)	%	Automobile (Non Standard)	%	Health & Accident
%	Trucking (Fleet and/or Long Haul)	%	Umbrella	%	Annuities & Pension
%	Commercial Multi Peril	%	Property & Dwelling		
%	Bonds	%	Other (Specify)		
%	Professional Liability				
%	Directors & Officers Liability				
%	Medical Malpractice				
%	Energy / Pollution / Environmental				
%	Umbrella/Excess				
%	Aviation				
%	Wet Marine				
%	Crop				
%	Liquor Liability				
%	Other (Specify)				
%	TOTAL COMMERCIAL LINES	%	TOTAL PERSONAL LINES	%	TOTAL LIFE & HEALTH

Please verify the Grand Total of ALL LINES combined equals 100%

GRAND TOTAL

11. 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	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claim Adjustment Services			\$	Tax Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Risk Management/Loss Control			\$	Premium Finance for Agency Clients	<input type="checkbox"/>	<input type="checkbox"/>	\$
Investment, Securities Advisor			\$	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
Prepaid Legal Services			\$	Other	<input type="checkbox"/>	<input type="checkbox"/>	\$

12. Office Procedures:

Yes No

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, cancellations of coverage or rejection of coverage, required in writing, signed and dated?		
e.	For all policies, that are renewed with less coverage than on the expiring policy, are signed and dated reduced coverage statements acknowledging the reduction of coverage obtained?		
f.	Does the agency always receive written declination from the client if they decline to purchase hurricane, flood and/or windstorm coverage? IF NO, PROVIDE DETAILS:		
g.	Is a policy expiration list maintained?		
h.	Are all incoming documents date identified?		
i.	Does the agency have a written office procedure manual?		
j.	Are all applications, policies and endorsements checked for accuracy?		
k.	Do you use "Power of Attorney" to represent your insureds? IF YES, PROVIDE DETAILS:		
l.	Are files marked to ensure certificate holders are notified of cancellation or material changes?		
m.	Do you obtain written confirmation when reducing or eliminating coverage for your clients?		
n.	Does your agency have a Commercial Crime Policy?		
o.	Does your agency have a General Liability Policy?		
p.	Does 20% or more of management, including Office Manager, annually attend a Risk Management Seminar sponsored or approved by Wesco Insurance Company, or State Program Loss Prevention Seminar?		

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 AND REPORTED"

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: _____

Title of Person Signing the Application: _____

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.