

## Insurance Agents and Brokers Errors and Omissions Supplement

Please Print or Type and complete all questions.

1. Legal Entity / Agency Name: \_\_\_\_\_

DBA: (if applicable): \_\_\_\_\_

2. Number of Agency Personnel \_\_\_\_\_; Number Licensed personnel \_\_\_\_\_

3. Year Agency/Entity Established: \_\_\_\_\_ b.) Year Current Owner(s) Assumed Management \_\_\_\_\_

4 Office Procedures:

		YES	NO	N/A
a.	Does the agency always receive written declination from the client if they decline to purchase hurricane, flood and/or windstorm coverage? If not Yes, provide details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are all incoming documents date identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are written or electronic records maintained outlining details of all business conversations, including client's verbal instructions and oral agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are all insured requests for changes, cancellation of coverage or rejection of coverage, required in writing, signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are all applications, policies and endorsements checked for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Do you use "Power of Attorney" to represent your insureds? If Yes, provide details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
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.