



**Insurance Agents E&O P&C/L&H Indication Request Form**  
**Serving Michigan as your Leading E&O Provider!**

**AGENCY INFORMATION:**

Agent / Agency Name \_\_\_\_\_ Date Agency Established \_\_\_\_\_  
 Address \_\_\_\_\_ Number of Locations \_\_\_\_\_  
 City/ State / Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Cell: \_\_\_\_\_  
 Number of years of experience of Agency Principal(s) \_\_\_\_\_ Fax: \_\_\_\_\_  
 If under 3 years – describe experience: \_\_\_\_\_ Email: \_\_\_\_\_  
 Staff Size\* Full Time # \_\_\_\_\_ Part Time # \_\_\_\_\_ Website: www. \_\_\_\_\_

\* Include ALL agency principals, producers, support staff, 1099's, licensed and unlicensed employees. Over 20 hours/week is considered full-time.

**INCOME RELATED:**

**Percent of Revenues/Income:**

**Percent of Policies:**

|                          |          |                            |         |              |         |
|--------------------------|----------|----------------------------|---------|--------------|---------|
| P&C Premium Volume       | \$ _____ | Retail Agency              | _____ % | Admitted     | _____ % |
| P&C Commissions          | \$ _____ | Wholesale Agency           | _____ % | Non-Admitted | _____ % |
| L&H Commissions          | \$ _____ | Surplus Lines Agency       | _____ % | Total        | 100 %   |
| Other Ins Related Income | \$ _____ | Managing General Agency/UW | _____ % |              |         |
|                          |          | Total                      | 100 %   |              |         |

Percent of accounts that are Direct Billed: \_\_\_\_\_

**BUSINESS PLACED:**

**P&C Product Mix:**

**Life/Accident/Health Product Mix:**

|                  |         |                              |         |                              |         |
|------------------|---------|------------------------------|---------|------------------------------|---------|
| Personal Lines   | _____ % | Standard Auto (Comm/Pers)    | _____ % | Fixed Life Ins (Indiv/Group) | _____ % |
| Commercial Lines | _____ % | Non-Standard Auto (Pers)     | _____ % | Group Accident/Health        | _____ % |
| Life/Acc/Health  | _____ % | Non-Standard Auto (Comm)     | _____ % | Individual Accident/Health   | _____ % |
| Total            | 100 %   | Standard Homeowners          | _____ % | Long-term Care Ins           | _____ % |
|                  |         | Non-Standard Homeowners      | _____ % | Mutual Funds                 | _____ % |
|                  |         | Standard Commercial Fire     | _____ % | Variable Life Ins/Annuities  | _____ % |
|                  |         | Non-Standard Commercial Fire | _____ % | Securities                   | _____ % |
|                  |         | Workers Compensation         | _____ % | Other Life/Acc/Health        | _____ % |
|                  |         | BOP/Package                  | _____ % | Total                        | 100 %   |
|                  |         | Commercial General Liab      | _____ % |                              |         |
|                  |         | Other _____                  | _____ % |                              |         |
|                  |         | Total                        | 100 %   |                              |         |

**OTHER INFORMATION:**

In the past 5 years, has the Agent/Agency or any other insured applying for coverage been:

|  |     |    |
|--|-----|----|
| The subject of disciplinary action by formal body? | Yes | No |
| Had coverage either cancelled or non-renewed?      | Yes | No |
| Had employees or management convicted of a felony? | Yes | No |
| Had any E&O claims made against them?              | Yes | No |

Number of E&O claims/incidents in the past 5 years? \_\_\_\_\_ Incurred \$ value of those claims? \_\_\_\_\_

**CURRENT E&O COVERAGE:**

Carrier \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Retro-Active Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Premium \$ \_\_\_\_\_ (required)  
 Limits: \$ \_\_\_\_\_ Per Claim \$ \_\_\_\_\_ Aggregate  
 Deductible: \$ \_\_\_\_\_ Per Claim \$ \_\_\_\_\_ Aggregate  
 Deductible Type: Loss Only Loss & Litigation

Signature \_\_\_\_\_ Date \_\_\_\_\_

All fields are required to be completed in order to obtain a **non-binding premium indication**.

**Please fax or email this form back to:**  
**Agency Insurance & Financial Services (AIFS Corp.) ~ 5136 Cascade Rd SE, Suite 1D, Grand Rapids, MI 49546**  
**Phone: (616) 988-4470 Fax: (616) 988-4472 Email: [pjames@aifscorp.com](mailto:pjames@aifscorp.com) [www.aifscorp.com](http://www.aifscorp.com)**