

# RAPID RATING QUESTIONNAIRE

Agency Name: \_\_\_\_\_ E&O Contact Person \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Date Agency Established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If established less than 2 years, attach experience resume on agency principals.)

**Current E&O Information:**

E&O Carrier: \_\_\_\_\_

E&O Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E&O Limits: \$ \_\_\_\_\_

E&O Deductible: \$ \_\_\_\_\_

E&O Premium: \$ \_\_\_\_\_

Does Deductible apply to loss only? YES \_\_\_ NO \_\_\_

**Breakdown of agency business:**

**COMMERCIAL LINES PREMIUM VOLUME:**

**PERSONAL LINES PREMIUM VOLUME:**

Workers Comp ..... \$ \_\_\_\_\_

Automobile (Standard)..... \$ \_\_\_\_\_

Commercial Auto ..... \$ \_\_\_\_\_

Automobile (Non-standard) ..... \$ \_\_\_\_\_

Commercial Multi Peril..... \$ \_\_\_\_\_

Property / Dwelling ..... \$ \_\_\_\_\_

Professional Liability ..... \$ \_\_\_\_\_

**Total Personal Lines** ..... \$ \_\_\_\_\_

Umbrella/Excess ..... \$ \_\_\_\_\_

**TOTAL P&C LINES** ..... \$ \_\_\_\_\_

Bonds ..... \$ \_\_\_\_\_

**LIFE AND HEALTH COMMISSION INCOME**

Aviation..... \$ \_\_\_\_\_

Life..... \$ \_\_\_\_\_

Wet Marine ..... \$ \_\_\_\_\_

Health..... \$ \_\_\_\_\_

Long Haul Trucking..... \$ \_\_\_\_\_

Annuities..... \$ \_\_\_\_\_

Other (Specify)..... \$ \_\_\_\_\_

Pensions ..... \$ \_\_\_\_\_

**Total Commercial Lines** ..... \$ \_\_\_\_\_

**Total Life & Health**..... \$ \_\_\_\_\_

Do you want coverage extension for sale of Mutual funds? YES \_\_\_ NO \_\_\_ Mutual Fund Commissions \$ \_\_\_\_\_

Number of Independent Contractors (commission-only producers) to be covered: \_\_\_\_\_

**Business Placement Breakdown:**

Retail Agent (business placed directly with Insurance Companies, JUAs, etc.): ..... %

Retail Broker (business placed through other agents, MGAs, Wholesalers, etc.): ..... %

Wholesaler/MGA (business accepted from other agencies, brokers, or sub-agents): ..... %

Percent of total agency income other than insurance commissions (i.e. Consulting, TPA, Loss Control, etc.): .... %

Percent of total volume with insurance companies not rated, or rated B or below by A.M. Best Company: ..... %

**Top Carriers:**

\$ Volume? Admitted?

\$ Volume? Admitted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any E&O claims in the past 5 years? YES \_\_\_ NO \_\_\_ If Yes, complete the reverse side of this form.

Any potential claims in the past 5 years? YES \_\_\_ NO \_\_\_ If yes, have they been reported to your E&O Carrier? YES \_\_\_ NO \_\_\_

**Completion of this form does not obligate E&O Professionals or the Company to offer a premium indication or bind coverage. Ultimate premium, coverage terms and conditions may only be determined after review of a fully completed application.**

E & O Claims in past 5 years:

**Claim No. 1**

Name of Claimant: \_\_\_\_\_ Date Reported to E & O Carrier: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of alleged error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of E & O Carrier: \_\_\_\_\_

Is the Claim \_\_\_\_\_ Open \_\_\_\_\_ Closed

If closed, indicate:

The total amount paid for damages or loss ..... \$ \_\_\_\_\_

The total amount of claim expenses/defense costs in excess of the deductible ..... \$ \_\_\_\_\_

If open, indicate:

The total amount paid for damages or loss ..... \$ \_\_\_\_\_

The total amount of claim expenses/defense costs in excess of the deductible ..... \$ \_\_\_\_\_

Details of the current status: \_\_\_\_\_

Provide a description of the claim, the type of coverage involved, the alleged act, error or omission and the event that led to the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claim No. 2**

Name of Claimant: \_\_\_\_\_ Date Reported to E & O Carrier: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of alleged error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of E & O Carrier: \_\_\_\_\_

Is the Claim \_\_\_\_\_ Open \_\_\_\_\_

If closed, indicate:

The total amount paid for damages or loss ..... \$ \_\_\_\_\_

The total amount of claim expenses/defense costs in excess of the deductible ..... \$ \_\_\_\_\_

If open, indicate:

The total amount paid for damages or loss ..... \$ \_\_\_\_\_

The total amount of claim expenses/defense costs in excess of the deductible ..... \$ \_\_\_\_\_

Details of the current status: \_\_\_\_\_

Provide a description of the claim, the type of coverage involved, the alleged act, error or omission and the event that led to the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide an attachment with the above information on any additional claims experienced in the past 5 years.