

To obtain an indication, **ALL** questions must be answered.

Desired Effective Date of Policy: \_\_\_\_\_  
Retroactive Date of Current Policy: \_\_\_\_\_

Limits Desired: \_\_\_\_\_  
Retention Desired: \_\_\_\_\_

Agency Legal Name: _____	
Street Address: _____	Date Agency Established: _____
City/State/Zip: _____	
County: _____	# Years Ins. Experience: _____

If agency established or assumed ownership less than 3 years ago, **must** include resume of owner(s).

1. Please list the percentage of business **placed as**:

Retail Agent/Broker \_\_\_\_\_% Wholesaler \_\_\_\_\_% MGA/MGU/GA/PA \_\_\_\_\_% Other (Specify) \_\_\_\_\_%

2. Please provide for past 12 months:

*(If new firm, estimate next 12 months)*

P&C Premium Volume: \$ \_\_\_\_\_

P&C Commission: \$ \_\_\_\_\_

Life & Health Commission: \$ \_\_\_\_\_

Other Ins. Related Income: \$ \_\_\_\_\_  
(Specify: \_\_\_\_\_)

**TOTAL INCOME:** \$ \_\_\_\_\_

3. Please breakdown your total **commission**:

\_\_\_\_\_ % - Aviation

\_\_\_\_\_ % - Bonds

\_\_\_\_\_ % - Crop

\_\_\_\_\_ % - Long Haul Trucking

\_\_\_\_\_ % - Medical Malpractice

\_\_\_\_\_ % - Ocean/Wet Marine

\_\_\_\_\_ % - Prof. Liability (inc. D&O, EPLI, etc.)

\_\_\_\_\_ % - Non-Standard Auto (Commercial)

\_\_\_\_\_ % - Non-Standard Auto (Personal)

\_\_\_\_\_ % ALL OTHER COMMERCIAL LINES

\_\_\_\_\_ % ALL OTHER PERSONAL LINES

\_\_\_\_\_ % LIFE, ACCIDENT & HEALTH

\_\_\_\_\_ % **GRAND TOTAL (MUST EQUAL 100%)**

4. Estimate the percentage of business the agency places with carriers that are:

Rated less than B+ by A.M. Best or are not rated: \_\_\_\_\_% State Backed Insurance Risk Pools: \_\_\_\_\_%.

5. Percentage of accounts that are direct billed? \_\_\_\_\_%.

6. How many E&O claims have you had or reported within the last **five (5)** years?  0  1  2  3  4

If closed, total loss & legal paid, including deductible: \$ \_\_\_\_\_ If pending, total loss reserve set: \$ \_\_\_\_\_

7. Current E&O Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Ded: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Underwriting**

Date _____	Indication Expires _____	Limits _____	Retention _____
Retro Date _____	Premium Indication _____	Effective _____	

Subject To: Attached application and copy of current dec page showing limits, retention, and retro date.

# Insurance Agents E&O

As an insurance agent, your job is to help clients find a policy to mitigate their risk and financial burden against potential claims at their home or in their business. We cannot lose sight amongst all the policies being placed that the *most important policy your agency will place is your own Insurance Agents E&O.*

**BASS Underwriters can place your own E&O with an A rated carrier.**

What we can offer...	
• Limits	\$500,000/\$500,000 up to \$5,000,000/\$5,000,000
• Retention	\$2,500 up to \$100,000 based on the size of your agency
• Claims Made Policy	
• Broad definition of Professional Services	
• Punitive damages coverage where insurable	
• Duty to defend	
• Insolvency for carriers based on A.M. Best rating of B+ or better at the time of placement	
• Deductible retention credits for claims settled without litigation, arbitration, or court mandated proceedings, or settled with mediation	
• Defense outside the limits-Optional	
• First dollar defense-Optional	
• Pre-claims assistance available	
• Coverage for independent contractors while acting on behalf of the insured	
• Personal injury coverage	

## Targeting Agencies that fit the following criteria

- Less than \$15,000,000 commission income
- When Life, A&H income is 25% or less, we can write limits of \$5M/\$5M, when it's 26%-49% our maximum limits are \$1M/\$1M.
- At least 3 years of insurance experience
- Majority of carriers rated B+ or better by A.M. Best or admitted carriers subject to the guaranty fund
- No more than 2 claims in the last 3 years
- Documented procedures
- Aviation, Long Haul Trucking, Crop, Medical Malpractice, acceptable subject to supplemental application approval