PREMIUM INDICATION REQUEST FORM

This form can only be used to provide a premium indication. It does not replace the required carrier application. There is no guarantee a firm quote will be offered or coverage provided.

Contact name _____ Agency name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website _____ Is your website encrypted? ❒ Yes ❒ No

Date agency established (ex. 12/30/2007) _____ Number of locations _____

Years of insurance experience _____ Years of experience as an independent agent _____

List any agency associations/alliances/clusters/aggregators to which you belong _____

_____

Staff size

(include ALL owners, principals, officers, producers, support staff, W-2s, 1099s, licensed and non-licensed employees, full-time and part-time)

Agency Employees

Full-time employees:

licensed _____ unlicensed _____

Part-time employees (20 hrs/wk or less):

licensed _____ unlicensed _____

Independent Contractors

Full-time (earning more than $25,000 comm.):

licensed _____ unlicensed _____

Part-time (earning less than $25,000 comm.):

licensed _____ unlicensed _____

Property/Casualty premium volume $ _____

Property/Casualty commissions $ _____

Life/Health commissions $ _____

Consulting/fees $ _____

Percent of business placed

Directly with admitted carriers _____%

Directly with surplus lines carriers/through surplus lines brokers _____%

Through other agencies _____%

Accepted from other agencies _____%

As an MGA _____%

As a TPA _____%

Carrier information

List top 3 primary carriers and percentage of business placed with each:

1. _____ _____%

2. _____ _____%

3. _____ _____%

Percent rated B+ or better? _____%

Please continue to next page.

PIA • 4266 Tuller Rd • Dublin, OH 43017 • (614) 552-3052 • fax: (614) 552-3081 • ashleyr@ohioinsuranceagents.com

Product Lines

Personal Lines ____% **+**

____% Non-Standard Personal Lines

____% Standard Personal Lines

Life and Health ____% **+**

____% Individual Life

____% Group Life

____% Individual Health

____% Group Health

Commercial Lines ____% **=** **100%**

____% Bonds

____% Workers' Comp

____% Long Haul Trucking

____% Medical Malpractice

____% Crop

____% Specialty Lines - please describe

_____

Claims Information

1. Within the last five years, has anyone in your agency reported an incident or claim to your E&O carrier? ❒ Yes ❒ No

2. Within the last five years, have any of your E&O carriers paid a claim on your behalf? ❒ Yes ❒ No
   This would include <u>any money paid</u> for damages and/or expenses.

NOTE: If you marked "Yes" to either claim questions, please provide details on the attached claims supplement form.

Agency Procedures/Operations

Employee handbook	❒ Yes ❒ No	Date stamp mail	❒ Yes ❒ No
Office procedure manual	❒ Yes ❒ No	Staff training program	❒ Yes ❒ No
Tickler/follow-up system	❒ Yes ❒ No	Exposure analysis checklist	❒ Yes ❒ No
Paperless?	❒ Yes ❒ No		

Agency management system ❒ None ❒ AMS ❒ Applied ❒ SIS ❒ Doris ❒ Other _____

Most recent E&O loss prevention seminar attended (month/year) _____ # of staff attended _____

Does 60% of your staff have an insurance designation? (CIC, CISR, CPCU, LUTCF, etc.) ❒ Yes ❒ No

Current E&O Coverage Information/Coverage Desired

Carrier _____ Expiration date _____ Retroactive date _____

Premium _____ Limits: Each loss _____ Aggregate _____

Deductible _____ Deductible type: ❒ Loss only ❒ Loss plus expense Years of continuous E&O _____

Desired limit _____ Desired deductible _____ Desired effective date _____

Additional Coverages Desired

❒ Employment practices liability

❒ Cyber liability

❒ Mutual funds (series 6 or 63 licensed) # of licensed staff _____

❒ Commercial umbrella (will extend over E&O)

❒ Stocks, bonds, & mutual funds (series 7 licensed) # of licensed staff _____

❒ Real estate Limit _____ Deductible _____ # of licensed staff _____ % of agency income _____

Signature _____ Date _____

PIA • 4266 Tuller Rd • Dublin, OH 43017 • (614) 552-3052 • fax: (614) 552-3081 • ashleyr@ohioinsuranceagents.com