



Agents E&O P&C/L&H Quick Quote
From the Errors & Omissions Specialists – Serving Michigan Over 45 Years!

AGENCY INFORMATION:

Agent / Agency Name _____ Date Agency Established _____
 Address _____ Federal ID# _____
 City/ State / Zip _____ Cell: _____
 Contact Name _____ Phone: _____
 Fax: _____
 Email: _____

Are you an Independent Agent / Agency? Y N
 If under 3 years – describe experience: _____

STAFF Size (Includes ALL agency principals, producers, support staff, 1099's, licensed & unlicensed employees, etc.)
 Full Time # _____ Part Time # _____ (over 20 hours per week is counted Full Time)

INCOME:

P&C Premium Volume \$ _____ Commissions \$ _____ L&H Commissions \$ _____ Consulting Fees \$ _____

BUSINESS PLACED:

Personal Lines _____% + Commercial Lines _____% + Life/Health _____% = 100%

Standard _____%	Standard _____%	Individual Life _____%
Non Standard _____%	Non Standard _____%	Individual Health _____%
Specialty _____%	Specialty _____%	Group Health _____%
P L = 100%	C L = 100%	L H = 100%

What % of your business is placed *thru* or *from* other agents/brokers? (Including Surplus Lines) _____%

LOSS CONTROL:

Do you have an (active and maintained) Office Procedures Manual Y N
 Exposure Analysis Checklist on ALL PL & CL accounts? Y N
 Does 60% of your staff have insurance designations (CIC, CISR, CPCU, LUTCF, etc) Y N
 How many employees have taken an E&O Loss Prevention Seminar or Ethics or CIC updates course in the last 15 months? _____

CLAIMS INFORMATION:

How many E&O claims/incidents has your agency had over the last 5 years? _____

ADDITIONAL COVERAGES DESIRED:

CURRENT E&O COVERAGE:

Carrier _____ Expiration Date ___/___/___ Retro-Active Date ___/___/___ Premium \$ _____ (required)
 Limits Per Claim \$ _____ \$ _____ aggregate
 Deductible Per Claim \$ _____ \$ _____ aggregate Loss Only (or) Loss & Litigation Expense?

Signature _____ Date _____
 Authorized Representative

All fields are required to obtain a proper **premium indication**. This information will be used to predict premium only, and is **not an offer of a bind-able proposal**.

Please fax or email this form back to:
 Agency Insurance & Financial Services (AIFS Corp.)
 4550 Cascade Rd. SE Suite 205-A
 (P) 616-988-4470 (F) 616-988-4472
pjames@aifscorp.com www.aifscorp.com