



**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.)  
 5136 Cascade Rd. SE Suite 1D, Grand Rapids, MI 49546  
 (P) 616-988-4470 (F) 616-988-4472  
[pjames@aifscorp.com](mailto:pjames@aifscorp.com) [www.aifscorp.com](http://www.aifscorp.com)