

**Insurance Professionals Errors and Omissions Insurance  
 Supplemental Application G — General Information**

Name of Applicant:

**Supplemental Questions**

(Numbers refer to questions on the Basic Application)

1. List legal entities to be insured under this policy. Please complete the following for each legal entity.

Name of Additional Entity: _____	
Is the entity currently insured under the applicant's expiring E&O policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Named Insured <input type="checkbox"/> Additional Insured Retroactive Date _____	<input type="checkbox"/> None
Does the insured have majority financial interest or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all representations on the application apply to the additional entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity: _____	
Is the entity currently insured under the applicant's expiring E&O policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Named Insured <input type="checkbox"/> Additional Insured Retroactive Date _____	<input type="checkbox"/> None
Does the insured have majority financial interest or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all representations on the application apply to the additional entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity: _____	
Is the entity currently insured under the applicant's expiring E&O policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Named Insured <input type="checkbox"/> Additional Insured Retroactive Date _____	<input type="checkbox"/> None
Does the insured have majority financial interest or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all representations on the application apply to the additional entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

Name of Additional Entity: _____	
Is the entity currently insured under the applicant's expiring E&O policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Named Insured <input type="checkbox"/> Additional Insured Retroactive Date _____	<input type="checkbox"/> None
Does the insured have majority financial interest or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all representations on the application apply to the additional entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To best assure continuity of coverage for this entity, please include a copy of the current Declarations Page and endorsements affecting coverage for the additional entity.	

2. List the city, state, and percent of total applicant premium volume for each additional office.  
 \_\_\_\_\_  
 Do all locations use a common set of procedures?  Yes  No *If "No", please explain.* \_\_\_\_\_  
 \_\_\_\_\_  
 All locations are:  Commonly Managed  Managed Individually  Other: \_\_\_\_\_

5. Please explain any change in premium volume exceeding 20%: \_\_\_\_\_

7.

List additional carriers to account for 95% of production.	% of total premium	Binding Authority?	Major Lines Placed	Number of Years Represented
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. List **all** carriers not rated or rated below B+, IV by A.M. Best:

<u>Carrier</u>	<u>Current Premium Volume</u>	<u>Type of Coverage</u>
_____	_____	_____
_____	_____	_____

Describe how you evaluate and monitor the use of these and similar carriers: \_\_\_\_\_  
 \_\_\_\_\_

Over the next year, use of these carriers is likely to  Increase  Decrease  No Change

9d. List 100% of non-admitted carriers and/or your agency's minimum financial security standards for placing coverage:  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

9f. List 100% of risk-assuming entities, other than insurance companies, through which business is placed:  
 Are you involved in the formation, management or administration of any of these entities?  Yes  No  
 If "Yes", please explain: \_\_\_\_\_

**11a.** List **all** carriers and risk assuming entities used in the past 3 years that have become insolvent, bankrupt, put into rehabilitation or receivership, or otherwise become unable to meet its duties to insureds:

<u>Carrier</u>	<u>Date of Insolvency</u>	<u>Number of Policies</u>	<u>Annual Premium Volume</u>	<u>Type of Coverage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were all of the above policies placed with a new carrier or risk-assuming entity with an A.M. Best rating of B+ or better?  
 Yes *If "Yes", what date was replacement completed?* \_\_\_\_\_  
 No *If "No", please explain.* \_\_\_\_\_

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**12.** What type of business is being brokered into your agency from others? \_\_\_\_\_  
Do you use written contracts for which you are held harmless for acts of other agents?  Yes  No  
Do you require other agents to carry E&O coverage?  Yes  No  
Over the next year, this percentage is likely to  Increase  Decrease  No Change

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**14.** Explain reason for high turnover: \_\_\_\_\_  
What is being done to reduce E&O exposure created by high turnover? \_\_\_\_\_

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List **all** non-exclusive independents (less than 75% of their business is placed through your agency):

<u>Name</u>	<u>Years With Applicant</u>	<u>Premium Volume With Applicant</u>	<u>Has own E&amp;O Coverage?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**25b.** List all individuals who hold Series 6 Licenses and sell mutual funds or variable annuities:  
\_\_\_\_\_  
\_\_\_\_\_  
Agency's annual Mutual Funds commission: \$\_\_\_\_\_ Variable Annuity commission: \$\_\_\_\_\_  
Are all Mutual Funds/Variable Annuities SEC Registered?  Yes  No *If "No", please explain.* \_\_\_\_\_



*I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)**

Title of signing applicant:  Owner  Executive Officer  Partner  Member of LLC  Other \_\_\_\_\_