



**Insurance Agents and Brokers
Errors and Omissions Insurance**

Utica National Insurance Group ▪ New Hartford, New York 13413 ▪ USA ▪ www.uticanational.com 1-800-598-8422

**This is an application for a Claims-Made Policy. Coverage is effective only upon company's approval.
If more space is needed to answer questions, please attach additional information.**

Please note: If your agency's commissions from Life, Health & Accident business is greater than 50% of your agency's total commission, please complete 14-A-LEO instead of this application.

If renewal, please provide prior Utica policy number: _____ Expiration date: _____

1. Name of agency: _____
(If there is more than one entity or d/b/a/ to be named on the policy, please complete the attached Multiple Named Insured/Locations/Owners worksheet.)

Type of ownership:

Individual Partnership Corporation LLC/LLP Other: _____

For the Agency above, list name(s) of all owner(s) and percent of ownership:

_____ %
_____ %
_____ %

(If there are more than three owners for this agency, please complete the attached Multiple Named Insured/Locations/Owners worksheet.)

2. Key contact in your agency regarding this E&O application:

Name: _____ E-mail address: _____

Telephone: _____
Primary Number Extension Alternate Number Extension FAX Number

Agency's website address: _____

3. Physical address: _____
Street City County State Zip Code

Number of Staff* at this location: _____ Full-time _____ Part-time

*Owners/staff working more than 20 hours per week are considered full-time. Owners/staff working 20 or fewer hours per week are considered part-time.

Mailing address: _____
Street City County State Zip Code

For each additional named insured, location or owner, please complete the attached Multiple Named Insured/Locations/Owners worksheet.

4. What year was your independent agency established under the current ownership? _____

If the agency is less than 2 years old, a resumé must be attached for each licensed owner, partner, officer, and director of the agency to reflect insurance experience, education, professional designation, etc. If the agency was established within the last year, attach a 5-year business plan.

5. Within the last 5 years, have there been any:

a. Change in the agency name Yes No

If yes, please provide the following:

1) Date of agency name change: _____

2) Reason for agency name change (e.g., corporation vs. LLC; ownership change; marketing influence; other – provide details): _____

3) Any change in type or class of business agency writes or intends to write as a result of the name change:

b. Any change in agency ownership Yes No

If yes, please provide the following:

1) Date of agency ownership change: _____

2) Explain the reason for the change in ownership: _____

3) List names and percent of ownership of agency prior to ownership change (must total 100%):

_____ %
_____ %
_____ %

c. An acquisition of, or merger with, another agency: Yes No

If yes, please provide the following:

1) Date of agency acquisition or merger: _____

2) Name of agency that was merged with or acquired: _____

d. Purchased or Sold book(s) of business Yes No

If yes, please provide the following:

- 1) Date of book purchased from or sold to another agency: _____
- 2) Name of agency from which book was purchased from or sold to: _____
- 3) List class and lines of business that constitute the book that was purchased or sold (e.g., construction, commercial package (property/general liability)).

6. Is the agency, or are the agency owners, engaged in any business other than insurance? Yes No
If yes, please provide the details:

7. Does the agency, or do the agency owners, have 10% or more ownership interest in any other business for which you provide insurance? Yes No
If yes, please provide the following details: type of entity, your percent of ownership, and type(s) of insurance (e.g., workers compensation, commercial package, etc.) written for such entity.

8. Do you share or sublet the same office space with/to another financial services entity (e.g., tax prep, life agency, P&C agency, financial institution, TPA, employee benefits, life division, insurance carrier, etc.)? Yes No
If yes, please state name and nature of other business:

Do you share administrative and/or technical resources with this entity? Yes No

9. a. Is the agency associated with a cluster or similar type of arrangement? Yes No
If yes, please provide name of cluster. _____

b. Is anyone from the agency a member of any company board of directors or governing committee(s) involving an insurance-related activity? Yes No
If yes, please list the individual(s) and his/her position/responsibility:

10. Please select the agent/broker association(s) of which you are currently a member:
 PIA IIABA Merged PIA/IIABA None Other: _____

11. Agency licenses:
a. Agent/Broker MGA Surplus Lines Broker Consultant Third-Party Administrator
 Other: _____

b. Does anyone in the agency hold non-resident licenses? Yes No
If yes, list the state(s) and premium volume of each in which non-resident licenses are held.

c. Does licensed staff have 3 or more years of experience placing or managing business in states where they hold non-residence licenses? Yes No
If no: 1) Does the agency have a training procedure for staff that has fewer than 3 years' experience placing or managing business in non-resident states? Yes No
2) Does the agency have a quality control process for review of staff that has fewer than 3 years' experience placing or managing business in non-resident states? Yes No

	Last 12 months	Next 12 months (estimated)
12. Total annual gross P&C (new and renewal) written premium volume*	\$ _____	\$ _____
Annual P&C (new and renewal) commissions	\$ _____	\$ _____
Annual Life, A&H (new and renewal) commissions	\$ _____	\$ _____

* If over \$10 million premium volume, please complete the large agency questionnaire.

13. Premium volume of:
a. Non-standard business. This includes assigned risk pool(s) for auto, workers compensation, property, etc. This does not include specialty lines of coverage for mobile homes, snowmobiles, motorcycles, long haul trucks, etc. \$ _____
b. Surplus lines business (business placed with non-admitted carriers) \$ _____

14. What percentage of your agency's TOTAL REVENUE is derived from (must equal 100%):

	Revenue %		Revenue %
Insurance (includes P&C and Life, Accident and Health business)		Fee-based Insurance Consulting	
Actuarial Services		Fee-based Loss Control/Risk Management with Insurance Placed	
Claims Adjustment Service outside of a Carrier's Draft Authority		Fee-based Loss Control/Risk Management without Insurance Placed	
Human Resources/Consulting Services		Loan Origination	
Legal Services		Pre-Paid Legal Services	
Tax Consulting		Mutual Fund/Financial Product Sales	
Title Agency Services		Investment Advice/Financial Planning	
Premium Finance Company Services Provided for Agency Policyholders		Real Estates Sales	
Premium Finance Company Services (other than for Policyholders)		Safety Consultant	
Fee-based Services to Other Agencies		Third-Party Administrator	
Wellness Provider Services		Motor Vehicle Title Services	
Wellness Program Referrals		Professional Employer Organization Marketing	
COBRA Administration Services		Other (Describe):	

15. Please provide the percentage of your agency's property & casualty premium volume placed.

- % Directly with carriers (as an agent or a broker)
- % Through any other third party (e.g., a wholesaler, surplus lines broker, MGA, or other retail agent)
- % As a broker (business placed on behalf of other agents or agencies)
- % As an MGA or program administrator
- 100 % TOTAL must equal 100%

16. Please provide the percentage of your agency's property & casualty premium volume that is received or assumed:

- % Direct from insureds
- % From other agents/agencies
- 100 % TOTAL must equal 100%

17. Outside of traditional binding authority typically afforded by a standard carrier agreement, does your agency have exclusive written authority from a carrier or other risk bearing entity, to underwrite, approve or decline business on the carrier's or entity's behalf? Yes No

18. a. List your agency's top 5 contracted insurance companies, number of years representing each, and your current annual premium volume with each.

Carrier Name	Years Representing	Annual Premium Volume

b. Indicate the approximate amount of business, as a percentage of your total premium volume, that your agency currently has placed with carriers that are:

- Rated less than B+ by A.M. Best _____%
- Non-rated by A.M. Best _____%

c. Within the last 5 years, have any carriers terminated your contract for reasons other than lack of production or carrier market withdrawal? Yes No

If yes, please list the carrier(s) and reason(s) for any termination(s).

d. List your top 5 P&C brokers, MGAs or intermediaries, if any, and annual premium volume. If none, state "none".

Name of Broker/MGA/Intermediary	Annual Premium Volume

19. Within the last 5 years, has your agency managed, owned, formed, or created any of the following:

- Captive management services Yes No
- Self-insured captives or funds Yes No
- Risk retention groups Yes No
- Third-party administration programs Yes No

If yes to any of the above, please provide the details:

20. a. Please give the approximate percentage breakdown, based on commissions, for the following (must equal 100%):

Personal Lines		Commercial Lines		Life, Accident, Health	
%	Auto – Standard	%	Animal Mortality		Life:
%	Auto – Non-Standard	%	Automobile – Standard	%	Individual (Excluding Universal)
%	Homeowners, Standard Fire	%	Automobile – Non Standard	%	Universal
%	Non-Standard Fire	%	Aviation	%	Substandard (Surcharged/High Risk)
%	Umbrella	%	Bonds – Surety	%	Group
%	Wet Marine/Pleasure Boats	%	Bonds – Other		Health:
%	Inland Marine	%	Crop Insurance	%	Individual
%	Flood	%	Fire – Standard	%	Group
%	Other (specify)	%	Fire – Non-Standard	%	Accident
		%	General Property/Casualty	%	Long-Term Care
		%	Inland Marine	%	Disability Income
		%	Professional Liability (specify)	%	Annuities/Fixed
		%	Umbrella/Excess	%	Annuities/Variable
		%	Wet Marine	%	Financial Products
		%	USLH/Harbor Workers		
		%	Workers Compensation		
		%	Flood		
		%	Other (specify)		
% Personal Lines Total +		% Commercial Lines Total +		% Life, Accident, Health Total = 100%	

b. Please provide the approximate volume of business for:

Class of Business	Premium Volume	Class of Business	Premium Volume
Long-Haul Trucking		Exploration of Gas/Oil	
Contractors		Mining	

21. Please provide the information requested below for **all agency owners and staff**. Owners/staff working more than 20 hours per week are considered full-time. Owners/staff working 20 or fewer hours per week are considered part-time. Indicate the average number of hours per week for all part-time staff.

a. All owners, partners, officers, and directors:

Name	Check if Licensed	Professional Designations	Position(s)	No. of Years w/ Agency	No. of Years in Insurance	Active*	Full-Time	Part-Time
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> __

* Active in day-to-day operations.

b. Solicitors, producers, CSRs, AEs, and other office staff who are employees of the agency:

Name	Check if Licensed	Professional Designations	Position(s)	No. of Years w/ Agency	No. of Years in Insurance	Full-Time	Part-Time
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/> __
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/> __

c. Solicitors, producers, and office brokers **who are not employees of the agency**:

Name	Check if Licensed	Professional Designations	Position(s)	No. of Years w/ Agency	No. of Years in Insurance	Revenue Earned*
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

* Revenue earned by individual for business placed through your agency.

d. What is the average turnover rate in staff for the last 12 months? _____%
(Number of employees turned over divided by the total number of employees excluding retirees and seasonal employees.)

22. Loss control questions:

a. Have you or your staff attended an E&O seminar within the last 24 months, or will you within 60 days of inception date? Yes No

b. By position, how many of your staff have attended an E&O seminar within the last 24 months or will attend within 60 days of policy inception date:

- _____ Number of principal(s)/office manager(s)
- _____ Number of CSRs
- _____ Number of producer(s) or other staff

(Please attach certificate(s) of completion.)

c. For new accounts, do you use an exposure analysis checklist/program as part of your standard operating procedure? Yes No
 If yes, attach a sample of a completed checklist. If no, explain how you identify exposures per account.

d. Is there a procedure to periodically review renewal risks for needed changes in coverage? Yes No

e. Are all incoming documents (e.g., mail, faxes, e-mail) manually or electronically date stamped? Yes No

f. Is there a procedure for documenting phone, text or other social media? Yes No

g. Is there a procedure to maintain written documentation concerning rejections of coverage? Yes No

h. Does the agency use a diary/suspense/follow-up procedure? Yes No
 Automated Manual

i. Does the agency have a specific orientation program for new employees? Yes No

j. If the agency has multiple locations, do all locations have:
 1. The same workflow procedures? Yes No
 2. A centralized agency management system? Yes No

k. Are all issued policies and endorsements (whether paper or electronic) checked for accuracy, comparing the coverage requested to the coverage issued? Yes No

l. Do you have an internal procedure to screen the financial health of the insurance companies or other risk-bearing entities being used? Yes No

m. Do you advise clients in writing and/or obtain a sign-off acknowledging the placement of policies with carriers that are not rated by A.M. Best or rated less than B+ by A.M. Best? Yes No

n. Do you require all applications to be signed, electronically or otherwise, by the client? Yes No

o. In the past 10 years, has the agency had an E&O audit conducted by an outside, independent source? Yes No
 If yes:
 1. When was it completed? _____
 2. Were all recommendations implemented? Yes No
 3. Name of the audit firm: _____

p. Does your agency perform internal audit/quality control reviews of your staff's work? Yes No
 If yes, please describe:

q. List the agency management system(s) utilized in your office:

r. Do you encrypt or use other measures to protect personal data when transmitted electronically? Yes No

23. a. Please indicate your agency's E&O carrier for the last 3 years. If none, state "none".

Carrier	Policy Number	Limit per Claim/Aggregate	E&O Premium	Effective and Expiration Date

b. If you have not had E&O coverage or a carrier at any time within the last 3 years, or if there was a gap in coverage, please explain why:

24. Within the last 5 years, to the best of your knowledge, has any policy or application for Errors and Omissions, on behalf of the applicant or any of its past or present owners, officers, partners, employees, or solicitors, ever been declined, canceled, or refused renewal? *[Not applicable in Missouri]* Yes No
If yes, please provide the details:
25. Within the last 5 years, to the best of your knowledge, have any Errors and Omissions claims or incidents been made against the agency, any of its past or present personnel, or any predecessor agency? Yes No
If yes, complete a claim supplemental form for each claim or incident.
26. Please inquire of all agency personnel and answer the following:
Are there any known circumstances or incidents that may result in an Errors and Omissions claim being made against the agency or agency personnel?
(This is not applicable if this is a renewal application.) N/A Yes No
If yes, has the incident or circumstance been reported to your current carrier? Yes No
If yes, complete the claim supplemental form for each potential claim.
27. Within the last 5 years, has the agency paid an uninsured loss out of agency funds? Yes No
If yes, what is the total number of losses? _____
If yes, complete the claim supplemental form for each incident.
28. Within the last 5 years, have any past or present agency personnel been the subject of complaints filed, investigations, and/or disciplinary action undertaken by any insurance or other regulatory authority or been convicted of a felony? Yes No
If yes, provide a copy of the action pending or taken by the disciplinary body or judicial system.
29. Please indicate the Errors and Omissions coverages desired:
- Desired effective date _____
 - Limit of liability: \$ _____ Each Loss \$ _____ Aggregate
 - Deductible amount: \$ _____
 - Deductible type: You have the option of how your deductible amount, per loss, will be subtracted from each loss. Indicate the option desired:
 - LOSS ONLY. We will pay for loss in excess of the deductible amount up to the limits of liability, providing first dollar defense expense.
 - LOSS AND LITIGATION EXPENSE. The deductible will be applied to both loss and (when applicable) litigation expense as defined in the policy.
30. Current retroactive date: _____ or full prior acts.
31. Check desired optional coverages*
*Available optional coverages vary by state. Some optional coverages require submission of supplemental information.
- Contingent Catastrophe Extra Expense Coverage
 - Employment-Related Practices Liability Insurance (ERPLI)
Limits: \$100,000 \$250,000 \$500,000 \$1,000,000
(Limit of \$1,000,000 or staff over 25 requires a completed ERPLI application)
 - Mutual Funds/Annuities Coverage
 - Financial Products Coverage
 - Loan Origination Coverage
Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
Name of loan origination program: _____
 - Real Estate E&O
 - Professional Employer Organization Errors & Omissions Insurance
Name of PEO program: _____
 - Third-Party Administration
 - Cybersurance
32. Please provide any additional information that would aid in our decision making process:

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

COLORADO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY and PENNSYLVANIA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to civil and criminal penalties.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:

Any person who knowingly presents a false claim or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison, and denial of insurance benefits.

FOR APPLICANTS IN NEW YORK – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.

Applicant signature(s): _____

Print name: _____ Title: _____ Date: _____

Required in Iowa: Soliciting agent: _____ License number: _____

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this supplemental application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed attached to and part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.

If the policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature of the form and submission of a check does not bind the company to the issuance of an insurance policy.

- Premium check, if applicable, should be made payable to Utica National Insurance Group
- Return application and premium check, if applicable, to:

UTICA NATIONAL INSURANCE GROUP
ERRORS & OMISSIONS DEPARTMENT
P.O. BOX 530
UTICA, NY 13503
OR
180 GENESEE STREET NEW HARTFORD, NY 13413

- You may also FAX to: (315) 235-4641 or scan and email to eo.apps@uticanational.com



Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413
www.uticanational.com • 1.800.598.8422