



E&O EASY ESTIMATE Questionnaire

Name insured: _____

Physical address: _____

Website: _____

Contact name & position: _____

Phone: _____ Email: _____

Are you currently a contracted Utica National P&C agent? _____

Individual completing form and position: _____

Are you a member of PI A Management Services, Inc.? _____ Date the current owner(s) established or acquired the agency: _____

Is 50% or more of your premium volume crop insurance? _____ If yes provide %: _____

Is more than 25% of your business surety bonds, long haul trucking, aviation, wet marine or professional liability? _____ If yes provide: _____%

What is the combined premium volume of the following classes of business as a % of surety bonds, long haul trucking, aviation, wet marine, professional liability, or crop insurance? _____%

Have you had any E&O claims/incidents over \$500 in the last 5 years? _____ If yes, how many? _____

What is your agency's E&O 5 year loss ratio? _____%

Percentage of total agency commissions by line: Personal Lines: _____% + Commercial Lines: _____% + Life & Health: _____% =100%

Total annual (new & renewal) **P&C WRITTEN PREMIUM VOLUME \$** _____

Percentage of your premium volume that is non-standard (may include excess/surplus lines, assigned risk property, workers comp, or auto: _____%

Regular (W-2) employee count (**INCLUDE OWNER & PRINCIPALS**): Full-time (over 20 hours) _____ Part-time (20 hours or less) # _____

Non-employee (1099) count: Generating revenues under \$25k _____, over \$25k _____

Percentage of your agency's property & casualty premium volume placed:

Direct with carriers (as agent/broker): _____% Through any other 3rd party(e.g., wholesaler, surplus lines broker, MGA or other retail agent): _____% As a broker(business placed on behalf of other entities): _____% As an MGA or Program Administrator: _____%

Percentage of your agency's property & casualty premium volume that is received or assumed from the following:

Direct from insureds _____ Other agents _____

Average years of experience of your staff: _____

Number of staff in your office, including owner/principal, have attended and E&O Loss Control Prevention Seminar within the last 2 years: Number of staff that attended an approved E&O seminar within the last 15 months or within the first 30 days after inception date of the policy: Does 60% or more of your staff, including owners, have an insurance designation (CIC, CPCU, AAI, CISRF, LUTCF, CPIA)? _____

Current E&O carrier: _____ Expiration date: _____ Retroactive date: _____

Limits: \$ _____ Claim/\$: _____ Aggregate Current Premium: _____

Deductible: \$ _____ Claim/\$: _____ Aggregate Type: Loss only: _____ Loss & expense: _____

This questionnaire is for **premium indication only** and is **NOT an offer of coverage NOR is it bindable**. If premium indication is acceptable, please complete a Utica National application to submit to underwriting for further consideration.

Please return completed questionnaire via email to:
EO.EasyEstimates@uticanational.com or FAX: 315-235-4641