



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: _____

Associations/Networks you are a member of: _____

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 % _____

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

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

Percentage of non-standard/assigned risk placed by line: Personal Lines _____ % Commercial Lines _____ %

Total annual (new & renewal) property & casualty premium volume: \$ _____

Regular (W-2) employee count (include owners and 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: _____ %

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



Utica National Insurance Group
 Insurance that starts with you.®

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