



Insurance Agent & Brokers Professional Liability Quick Quote Form



1. Name of Agency: _____ Date Established: _____
2. Contact Name: _____ Years of Insurance Experience: _____
3. Agency is a: Corporation Sole Proprietorship Partnership LLC Other: _____
4. Phone: _____ Email: _____
5. Physical Address: _____
6. Current E&O Carrier: _____ Expiration Date: _____
Limits: _____ Deductible: _____ Retro Date: _____ Premium: _____
7. Please provide the following based on the last 12 months of operation:
Agency P&C Premium Volume: \$ _____ Agency Life/A&H Commission Income: \$ _____
Agency P&C Commission Income: \$ _____ Broker Fees: \$ _____
8. Number of Owners: _____ Number of Employees: _____ Number of Independent Contractors: _____
9. Answer the following Yes/No questions:
 - a. Has the Applicant had any E&O claims in the past 5 years? Yes No
 - b. Has the Applicant been the subject of disciplinary action or investigation? Yes No
 - c. Does the Applicant have any knowledge of any potential E&O claims? Yes No
 - d. Has the Applicant been declined, canceled, or non-renewed for E&O Insurance? Yes No
 - e. Have any employees attended any E&O loss prevention seminars in the past 2 years? Yes No
 - f. Any changes in Ownership or Acquisitions in the past 12 months? Yes No
10. Percentage of business written with B+ or lower A.M. Best Rating or non-rated carrier: _____%
11. Percentage of policies that are: Billed direct by Carrier: _____% 12. Placed with a Carrier Service Center: _____%
13. Percentage of business placed with carriers that are: Admitted: _____% Non-Admitted: _____%
14. Business placed **AS** an: Agent: _____% Broker: _____% Wholesaler: _____% MGA: _____%
15. Please indicate the percentage of commission derived from each line of business:

PERSONAL LINES %	COMMERCIAL LINES %
Auto (Standard)	Property (Standard)
Auto (Non-standard)/Motorcycles	Property (Non-standard)
Homeowners	SMP/BOP/Package
Non-Standard Property	General Liability
Pleasure Boats/Craft	Umbrella/Excess
Umbrella	Auto (Standard)
Other (Describe):	Auto (Nonstandard)
LIFE, ACCIDENT & HEALTH %	Long Haul Trucking
Individual Life	Workers Compensation
Group Life	Crop
Individual Accident & Health	Medical Malpractice
Group Accident & Health	Professional Liability
Fixed Annuities	Wet Marine
Variable Annuities	Bonds – Surety
Mutual Funds	Bonds – All Other
Securities	Other (Describe):
Other (Describe):	
TOTAL OF ALL LINES OF BUSINESS SHOULD EQUAL 100%	

Applicant Signature: _____ **Title:** _____ **Date:** _____

CA LIC#: 0647298
Licensed in CA, AZ, CO, ID,
NM, NV, OR, TX and WA

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WIAA INSURANCE SERVICES
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