



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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