



**SBE - MISCELLANEOUS
ERRORS & OMISSIONS INSURANCE**

(Claims First Made & Reported Basis)

Texas United Managing General Agency

P.O. Box 133200, Tyler, TX 75713
1.866.654.9500 / (903) 561.1229 . FAX (903) 561.1499
http://www.txunitedmga.com submit@txunitedmga.com

Submit by Email

Print Form

****PREMIUM FINANCING AVAILABLE****

Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

1. Name of Applicant: _____ Requested effective date of policy: _____
2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)
3. Contact Person: _____ Title: _____ Website: _____
4. Telephone Number: _____ Fax Number: _____ Email: _____
5. Street Address: _____ City: _____ State: _____ Zip Code: _____
6. Sole Proprietor Corporation Partnership Joint Venture Individual Other _____
7. Are there other office locations? *If yes, provide details.* YES NO
8. Date company was established: _____ Where is Company licensed or registered? _____
9. Average number of years of experience of key personnel in this field: _____
10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? *If yes, provide details.* YES NO
11. Describe nature of your business (mode or method of operation, type of services performed, where such operations are performed, etc.)

(You are being asked to describe the services, types of claims, exposures, or risks you want to insure. This information may be used to create "Named Insured's Professional Services" as it appears on the policy. Your suggested wording will be considered by the underwriters but is subject to change based on underwriting requirements or may be further negotiated. Your proposed wording is not an insuring agreement.)

12. Do you control, own, and/or manage any other business entity(ies)? YES NO
Do you provide any services to such business entity(ies)? YES NO
Does any employee of the applicant serve on the Board of Directors of any client of the applicant? YES NO
Provide detailed explanation to any "Yes" Responses
13. Do you require a written contract or agreement for services with your clients? (*If yes, answer 13a-13d*) YES NO
a. Hold harmless or indemnity agreements insuring to your benefit? YES NO
b. Hold harmless or indemnity agreements insuring to your client's benefit? YES NO
c. Guarantees or warranties? (**Guarantees or warranties will not be covered under the SBE Miscellaneous E&O Policy**) YES NO
d. Specific description of the services you will provide? YES NO
14. **Gross Fees and Revenues:** Present Financial Year \$ _____ (Est.) Next Financial Year \$ _____ (Est.)
15. Loss Control (all locations) – Do you utilize a procedures manual? YES NO
What additional safeguards or procedures do you employ to avoid liabilities or losses? _____
16. Number of employees who are: Full Time: _____ Part Time: _____ Sub Contractors*: _____
***Sub-contractors who work for others will not be covered under the SBE Miscellaneous E&O Policy.**

CLAIMS HISTORY/EXPERIENCE: (*For questions 17-19 answered yes, please complete the SBE E& O Claim Supplement for each claim, circumstance, act, error or omission.*)

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your **current policy**.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

17. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees? YES NO

It is agreed that if there is knowledge of any such circumstance, acts, errors, omissions or any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

18. Is the Applicant aware of any circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above?.....YES NO
19. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities?.....YES NO
20. Please provide the following information for similar insurance, if any, carried during the last five years. none carried, state so. Include any coverage which may be directly related or may respond in part to the exposure.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

21. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal refused? *If yes, provide details.*YES NO

22. a. Please provide the following information for your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

- b. Does it include coverage for products and completed operations hazards?.....YES NO

CHECKLIST: Have you attached the following?

- Any additional details? YES NO N/A
- Copies of standard contract with clients? YES NO
- Copies of resumes of key personnel including any applicable continuing education and/or training completed? YES NO
- Any marketing materials providing information about the services you perform?.....YES NO

NOTICE

All Policies, if issued, include a deductible applying to the cost of defense, judgment and settlement or any combination thereof and, as stated in the Policy, the costs of legal defense are included within the limits of liability except as otherwise endorsed. The limits of liability shall be reduced, and may be completely exhausted, by costs, charges and expenses and, in such event, the insurers shall not be liable for costs, charges and expenses or for Damages to the extent that costs, charges and expenses or Damages exceed the limits of liability stated in the Declarations of the Policy.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify underwriters of such change prior to inception of the Policy. Signing of this Application does not bind the Insurer to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

This Application is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits liability to claims first made and reported against the Applicant during the Policy Period. Coverage, if completed, will not apply to any known circumstance, act, error or omission that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered claims, the Applicant will be required to be defended by the Insurer's appointed Attorneys and that the deductible under the Policy shall apply to claims and including (whether or not indemnity payment is made) expenses, investigations costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Insurer's Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials – Miscellaneous Errors & Omissions wording. It is recommended that the Applicant take time to review the policy to ensure that they fully understand the Coverage provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

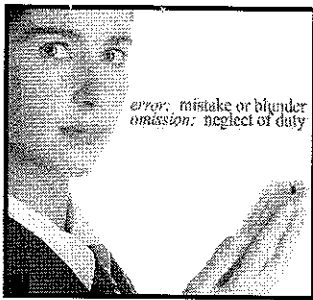
In addition to all other terms and conditions:

Applicable in Kentucky. 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.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR WHO CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Date _____ Signed by Partner, Officer, or Director _____ Title _____



**SUPPLEMENTAL
MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
Agent/Broker**



**Professional Liability
Insurance Services, Inc...**
Underwriting Facilities
1.800.761.7547 / (512) 328.0677
FAX (512) 327.5834
<http://www.plisinc.com>
underwriting@plisinc.com

(Claims First Made & Reported)

Name of Applicant: _____

1a. Does the agency or any of its principals own, control or act as director or officer of any other insurer, reinsurer or other insurance-related entity? (If yes, then answer question 1b)... YES NO

b. What percentage of total income comes from:

Insurance	_____ %	Annuities	
Premium Financing	_____ %	Fixed	_____ %
Real Estate	_____ %	Variable	_____ %
Mutual Funds	_____ %	Other	_____ %
Life, Health and/or Accident (including group insurance)	_____ %		_____ %

2a. Percentage of policies written on a direct bill basis: _____ %

b. Commercial Lines _____ %
Personal Lines _____ %
Total **100%**

c. What percentage of agency business is placed with:

Admitted Carrier	_____ %	Non-Admitted Carrier	_____ %
Service Centers	_____ %	State administered funds	_____ %

3a. Total P&C gross premiums written annually:

Last 12 Months
\$ _____

b. Total gross annual P&C commissions:

\$ _____

c. Total gross annual Life and A&H commissions:

\$ _____

d. Total income derived from any other insurance related activities (total from question 4)

\$ _____

4. What fees have been generated in the last 12 months from operations listed below:

	Delete	Add	N/A	Revenue/ Income
Reinsurance Intermediary				
Third Party Administrator				
Claim Adjustment Services				
Investment, Securities Advisor				
Banking or Loan Origination				
Pre-paid Legal Services				
Human Resources				
Legal Adviser				
Mutual Funds Brokers/Dealers				
Counseling (Insurance Programs)				
Other				

	Delete	Add	N/A	Revenue/ Income
Actuarial Services				
Tax Adviser				
Risk Management/Loss Control				
Motor Vehicle Title Services				
Title Insurance				
Mortgage/Mortgage Service Facility				
Real Estate				
Data Processing Consulting				
Securities Brokers/Dealers				
Engineering				
Other				

5. Property & Casualty business placed as:
- Agent (business placed direct with carriers) _____ %
- Surplus Lines Broker _____ %
- Reinsurance Intermediary _____ %
- Broker (not placing direct with a carrier or placing business on behalf of another agent or broker) _____ %
- Total** **100%**

6. Number of Personnel:
(Each individual should only be counted once)
- Owners, Officers, Partners _____
- Employee Solicitors, Brokers, Agents _____
- Other Employees (include clerical and part-time) _____
- Exclusive Non-employee Producers _____
- Non-exclusive Non-employee Producers _____
- Total** _____

7. What percentage of your agency comes from wholesale or surplus lines? _____
8. Do you act as a Managing General Agent? YES NO If yes, what percentage of your business is placed as an MGA? _____

9a. List all companies for which you are Managing General Agent or Program Administrator or have binding authority:

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

b. List all companies for which business is placed with?

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

10. Please list the **SURPLUS LINES AGENTS, MGAs and other agents (not companies)** with whom you currently write business. Please include the most recent annual premium volume written in each.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____
7. _____ \$ _____
8. _____ \$ _____
9. _____ \$ _____
10. _____ \$ _____

(If additional space needed, please attach separate page.)

Total: \$ _____
% of the above total written in non-admitted companies: _____ %

11. Loss Control (all locations) –

- a. Are incoming documents date stamped? YES NO
- b. Are copies of binders/certificates mailed to the insured and/or the carrier within specified guidelines? YES NO
- c. Are certificates of insurance issued based on policy terms and conditions? YES NO
- d. Does the agency maintain a policy expiration list? YES NO
- e. Does the agency use a coverage checklist on all commercial proposals? YES NO
- f. Is there a procedure to maintain written documentation of all rejections of coverage? YES NO
- g. Is there a procedure to periodically review renewal risks for needed changes in coverage?..... YES NO
- h. Are all applications, policies and endorsements checked for accuracy? YES NO
- i. Are filed marked to ensure certificate holders, regulatory agencies are notified of cancellation or material changes? YES NO
- j. Is there a procedure for documenting files and telephone conversations? YES NO
- k. What type of diary/suspense procedure does the agency use?
AUTOMATED PROCEDURE NON-AUTOMATED PROCEDURE NONE
- l. Does Applicant have a current Office Procedure Manual? YES NO
- m. Does Applicant have a specific orientation program for new employees? YES NO
- n. Does the agency use an automated management system? YES NO
- o. Does the agency utilize a computerized production and accounting system? YES NO
- p. What type of file system does the agency utilize?..... PAPER TRANSACTIONAL IMAGING
- q. Is there a backup procedure for computerized production?..... YES NO

Other Office Locations:

1. Provide the address and contact name for each additional location:

2. Does the responsibility for the additional location(s) listed above rest with management at the principal location?..... YES NO

3. Does each additional location follow the same loss control policies and procedures as referenced in Application and above? YES NO

4. If "No" to 3. above, please provide a description of the loss control policies and procedures for each additional location below:

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and it is utilized to develop pertinent information unique to the services rendered.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

Date Authorized Representative Title