

# E&O EASY ESTIMATE Questionnaire

Named Insured: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Website: www. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Independent Agent / Agency?** ☐ Yes ☐ No **Date established** - current ownership: \_\_\_\_\_

**Associations** you are members of: \_\_\_\_\_

▪ **% of Total Agency Commission** placed by line: **PL's** \_\_\_\_\_% + **CL's** \_\_\_\_\_% + **L&H** \_\_\_\_\_% = 100%

▪ **% of Non-Standard or Assigned Risk** placed by line: **PL's** \_\_\_\_\_% **CL's** \_\_\_\_\_%

▪ **Specialty Lines?** ☐ Yes ☐ No If yes, what % of your income is placed as Specialty Lines? \_\_\_\_\_%

\*Certain Specialty Lines of business may alter the premium and is subject to underwriting

▪ **% of P&C Business placed THRU** other Agents or Brokers: \_\_\_\_\_%

▪ **STAFF COUNT\***: Full Time (over 20 hours) # \_\_\_\_\_ Part Time (20 hours or less) # \_\_\_\_\_

\***IMPORTANT** - Include ALL the following: Active Agency Principals / Licensed & Unlicensed Personnel / 1099's

▪ **P&C PREMIUM VOLUME**: \$ \_\_\_\_\_ (*New and Renewal*)

▪ **Commission Income (New & Renewal)**: P&C \$ \_\_\_\_\_ L&H \$ \_\_\_\_\_ Consulting Fees \$ \_\_\_\_\_

▪ **Exposure Analysis Checklist** used on **ALL** accounts (PL and CL – active at least 1 year)? ☐ Yes ☐ No

▪ **Insurance Designations\*** of staff equals or exceed 60% (CIC, CISR, CPCU, LUTCF, etc)? ☐ Yes ☐ No

\*Does not include having a license.

▪ **E&O Loss Prevention Seminar** last attended \_\_\_\_\_ (month)/20\_\_\_\_\_(year) # staff attended \_\_\_\_\_

▪ **E&O claims** / incidents in the last 3 years? \_\_\_\_\_ # (include closed with expense only payment)

▪ **CURRENT E&O Carrier**: \_\_\_\_\_ **Expiration Date**: \_\_\_\_\_ **Retro-Active Date**: \_\_\_\_\_

▪ **Limits**: \$ \_\_\_\_\_ Claim / \$ \_\_\_\_\_ Aggregate **Premium** \$ \_\_\_\_\_

▪ **Deductible**: \$ \_\_\_\_\_ Claim / \$ \_\_\_\_\_ Aggregate / **Type**: ☐ Loss Only ☐ Loss & Expense

**Date**: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

This Questionnaire is for a **PREMIUM INDICATION ONLY** and is **NOT an Offer of Coverage NOR is it BINDABLE**. If premium indication is acceptable, please complete a **UTICA APPLICATION** to submit to Underwriting for further consideration.



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