



Insurance Agents and Brokers Professional Liability Indication Form

Agency: _____

Address: _____

Contact: _____ Phone/email: _____

Year Established: _____ Website: _____

P&C Premium Volume _____ P&C Commissions: _____

Life/A&H Premium _____ Life/A&H Commissions: _____

Total Staff: _____ Retail Agent/Broker: _____% Wholesaler: _____% MGA/MGU, GA, PA: _____%

Business placed w/ insurers less than(<) B+ (AM Best): _____% Any binding or u/w authority? ___ NO ___ YES

Lines of Business placed (total of all sections must equal 100%):

COMMERCIAL LINES		PERSONAL LINES	
BOP/CGL/Package	%	Homeowners	%
Property	%	Auto	%
Workers Comp	%	Other	%
Flood	%	LIFE	
Bonds	%	Individual	%
Professional Liability/D&O	%	Group	%
Crop Coverage	%	Annuities-Fixed	%
Long Haul Trucking	%	A&H	
Ocean Marine	%	Individual	%
Medical Malpractice	%	Group	%
Livestock Mortality	%		
Aviation	%	Mutual Funds	%

Any services other than insurance agent/broker (Financial Planning, Real Estate, Tax Advice, etc)? ___ NO ___ YES

Any group self insurance or stop loss, MET, MEWA, Viatical or TPA services or sales? ___ NO ___ YES

Claims in the past five years?: ___ NO ___ YES (if yes, we must refer to the underwriter, provide claim details and loss runs)

Current E&O: Insurer: _____ Effective Date: _____

Limits: _____ Deductible: _____ Premium: _____ Retroactive Date: _____

Do you purchase data breach, privacy or cyber risk insurance for the Agency? ___ NO ___ YES

Are you aware of any circumstance, error or omission which may result in a claim against any of the companies or individuals proposed to be insured? ___ NO ___ YES

Signed: _____ Date: _____

Forward completed application to:

titleeno@comcast.net

(610)478-0400 Fax: 412-281-4716

Fran Kelly Professional Liability, LLC

E&O | Cyber | Crime | Surety

www.titleliability.com