



PIA of Louisiana, Inc.

Insurance Agents & Brokers E&O

Qualification Application

Proposed Named Insured (list all DBAs): _____

Firm Establishment Date: _____ Contact Name: _____

Phone _____ Website: _____ Email address: _____

Physical Address: _____

Mailing Address: _____

Principal's Number of Years Insurance Agency Experience: _____ Number of years with continuous E&O coverage: _____

Name of current E&O carrier _____ Current Retro Date: _____ Proposed Effective Date: _____

Limits & deductible currently carried: _____ / _____ / _____ Expiring Premium: _____
limit per claim / limit aggregate deductible per claim / deductible aggregate

Limits & deductible requested: _____ / _____ / _____
limit per claim / limit aggregate deductible per claim / deductible aggregate

Please provide the following based on the last 12 months of operation (new entities may be estimates):

Agency P&C premium volume \$ _____

Agency P&C commission income \$ _____

Agency LA&H commission income \$ _____

Other Income: \$ _____ *Provide a supplemental breakdown/explanation of other income

Total Staff Size (including Owners, Officers, Partners, CSRs, unlicensed, etc.) _____ Full Time _____ / Part-Time _____

Non Employee Producers: _____ f/t _____ p/t (1099 producers)

Number of employees with professional designations (CIC, CPSR, CISR, CPCU, CLU): _____

Number of licensed producers that are active: _____

In the past 5 years, number of E&O claims: 0 1 2 3 4 5 or more (attach loss runs if there have been claims)

Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?

YES NO

Does the Applicant have any knowledge of any potential errors or omission claim(s)?

YES NO

Has any policy of or application for similar insurance on the applicant's behalf or any of its partners, officers, directors, salespersons, employees, or on behalf of any predecessors in business ever been declined, cancelled, or renewal refused?

YES NO

(If yes to any of the above please attach an explanation with details,
 which is **required** to entertain any submission.)

Have any employees attended any E&O loss prevention seminars or other industry related education courses within the past two years? YES NO

What percentage of total income comes from one or more of the following: loss control inspection or safety consulting, property appraisal for a fee, third party administration services, employee insurance benefit consulting, estate insurance planning, consulting for a fee or placement of pre-paid legal services memberships? _____%

Percentage of business placed with carriers: Direct _____% Brokered _____%

Percentage of business placed with carriers: Admitted _____% Non-Admitted _____%

Percentage of business placed: Retail _____% Wholesale _____%

List All Carriers Business Is Placed With, Including MGAs, Wholesalers, Etc. (attach a separate sheet if necessary)

COMPANY	AM BEST RATING	PREMIUM VOLUME

Business you place as an: Agent _____% Broker _____% Surplus lines agent _____% MGA _____%

Third Party Administrator _____% Reinsurance Intermediary _____%

Percentage of: Personal Lines: _____% Commercial Lines: _____% Life, Accident & Health: _____%

Total number of Policies currently in force through your agency: _____

Please indicate either the dollar amount or percentages of the **Applicant's** premium volume derived from each line of business listed below. (If using percentages, personal + commercial + LA&H should together equal 100%.)

PERSONAL		COMMERCIAL	
Auto (Standard)		Auto (Other than Long Haul Trucking)	
Auto (Non-standard)/Motorcycles		Long Haul Trucking	
Homeowners/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property (Non-BOP)	
Other:		Workers' Comp (Non-retrospective Rated)	
		Workers' Comp (Retrospective Rated)	
LIFE, ACCIDENT & HEALTH		Bonds	
Individual Life		Crop/Animal Mortality	
Individual Accident & Health		Aviation	
Group Life		Inland Marine/Ocean Marine	
Group Health		Professional Liability/Medical Malpractice	
Financial Products (series 6):		Other:	

Office Procedures

- Are copies of binders mailed to insured and/or the company promptly? YES NO
- Are written or electronic records maintained outlining details of critical conversations, instructions, agreements and phone calls? YES NO
- Is a policy expiration list maintained? YES NO
- Are all policies and endorsements checked for accuracy? YES NO
- Does agency have a diary/suspense system? YES NO
- Does applicant have an Office Procedures Manual? YES NO
- Does applicant document a client's refusal to accept coverage/limits limitations? YES NO
- Does agency utilize a computerized production and accounting system? YES NO
- Is incoming mail date stamped? YES NO
- Are binders confirmed wrting? YES NO
- Is Firewall technology used to prevent unauthorized access to and from internal networks and external networks? YES NO

If yes : Are Firewall configurations regularly reviewed and kept up to date? YES NO

Is anti-virus software installed on all computers/servers that connect to your network and is it regularly updated? YES NO

Is anti-virus software installed on all computers/servers that connect to your network and is it regularly updated? YES NO

Does the agency employ a dedicated risk manager? YES NO
 (more than 50% of time dedicated to risk management, staff training, and compliance)?

During the last 3 years, have you had any information security breaches including unauthorized access, unauthorized use, denial of service attack, breach, theft of data, fraud, electronic vandalist, sabotage or other security events? YES NO

If yes, please explain on a separate attachment.

WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLCIATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE AT-TACHED TO AND MADE A PART OF HE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUP-PLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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.

OWNER/OFFICER SIGNATURE

DATE

PRINT NAME

TITLE

IF APPLICABLE, IT IS RECOMMENDED THAT YOU ATTACH THE FOLLOWING WITH YOUR SUBMISSION TO PIA:

- * EXPIRING DECLARATIONS PAGE
- * CURRENTLY-VALUED LOSS RUNS (5 YEAR)

FOR NEW ENTITIES, IT IS RECOMMENDED THAT YOU ATTACH THE FOLLOWING WITH YOUR SUBMISSION TO PIA:

- * BUSINESS PLAN
- * RESUME OF PROFESSIONAL EXPERIENCE (ELABORATE ON INSURANCE-RELATED AND MANAGEMENT EXPERIENCE)

**PLEASE SUBMIT YOUR COMPLETED APPLICATION & SUPPLEMENTS TO:
 PROFESSIONAL INSURANCE AGENTS OF LOUISIANA, INC.**

4021 W.E. Heck Court
 BATON ROUGE, LA 70809
 PH: (225) 766-7770

WWW.PIAOFLOUISIANA.COM