

**INSURANCE AGENTS ERRORS & OMISSIONS**  
**Request for Premium Indication**

Please provide the following information to receive a *non-binding indication* of the anticipated annual cost of Insurance Agents E&O coverage. After reviewing the indication provided, please submit a full application if you would like to receive a bindable quote.

1. **Firm Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

2. **Current Insurance Carrier:** \_\_\_\_\_  
Current Expiration Date: \_\_\_\_\_ Current Retro Date: \_\_\_\_\_  
Current Limits: \$ \_\_\_\_\_ Current Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

3. **Requested Limits:** \$ \_\_\_\_\_ **Requested Deductible:** \$ \_\_\_\_\_

4. **Commissions / Fee Income**  
Current Year: \$ \_\_\_\_\_ Prior Year: \$ \_\_\_\_\_

5. **Number Licensed Staff**  
Current Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

6. **Indicate the approximate percentage of revenue derived from each line of business:**  
Commercial Lines  
Auto: \_\_\_\_\_% Property: \_\_\_\_\_% Crop: \_\_\_\_\_%  
Workers Comp: \_\_\_\_\_% Other (List): \_\_\_\_\_  
Personal Lines  
Auto: \_\_\_\_\_% Homeowners: \_\_\_\_\_% Other (List): \_\_\_\_\_  
Life / Health  
Group: \_\_\_\_\_% Individual: \_\_\_\_\_% Other (List): \_\_\_\_\_

7. **Have you reported any claims or incidents in the last ten years that might lead to claims?**  
\_\_\_\_ Yes \_\_\_\_ No  
**Are you aware of any claims or circumstances that have not yet been reported to your insurance co.?**  
\_\_\_\_ Yes \_\_\_\_ No  
**If Yes to either question above, please attach explanation.**

Please Email Your Completed Form to: [EandO@TargetProIns.com](mailto:EandO@TargetProIns.com) or Fax to: 866.720.5003. Thank you!