

**INSURANCE AGENTS AND BROKERS
ERRORS & OMISSIONS LIABILITY INSURANCE
RENEWAL APPLICATION**

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Web Site: _____

Is firm: Corporation Partnership Individual LLC Other _____

2. List all office locations:

3. Has the name of the firm changed, or has any merger or consolidation taken place in the last 12 months?
 Yes No

If **Yes**: please provide details including dates and any liabilities assumed:

4. Is the Applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?
 Yes No

If **Yes**, please list all affiliations:

5. Does anyone affiliated with Applicant firm provide services to any client in which any partner, director, officer or equity owner or spouse of the Applicant firm serves as partner, director, officer or equity owner of the client firm?
 Yes No

If **Yes**, please provide explanation: _____

6. Please provide breakdown of the percentage of total annual income derived from the following activities:

Insurance Commissions.....	_____ %
Broker/Policy fees.....	_____ %
Claim Adjusting for a fee.....	_____ %
Third Party Administrator.....	_____ %
Consulting for a fee.....	_____ %
Financial Planning for a fee.....	_____ %
Marketing for others for a fee.....	_____ %
Premium Financing for agency insureds.....	_____ %
Premium Financing for non-agency insureds.....	_____ %
MGA/MGU/Underwriting Program Services.....	_____ %
Reinsurance Broker.....	_____ %
Safety or Loss Control Consultant for a fee.....	_____ %
Mutual Fund Sales.....	_____ %
Other:	
_____	_____ %
TOTAL	100 %

7. Are other services provided for which coverage is not desired? Yes No
 If **Yes**, please describe services and indicate percent of the insured's total revenue:

_____ %

8. WHOLESALE/ RETAIL: With respect to Applicant's annual premium volume, what percentage is placed as a wholesaler and what percentage is placed as a retailer?

Wholesaler _____% Retailer _____%
 (Receives business from Other Agents) (Receives business directly from Insured)

9. PROPERTY/CASUALTY: Please provide a breakdown of business by line of cover:

Personal Lines	Premium Volume	Commissions
Standard Auto	\$ _____	\$ _____
Non-Standard Auto	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Marine	\$ _____	\$ _____
Inland Marine	\$ _____	\$ _____

List of other Personal Lines written by line:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL Personal Lines \$ _____ \$ _____

Commercial Lines	Premium Volume	Commissions
Worker's Comp	\$ _____	\$ _____
Commercial Auto	\$ _____	\$ _____
Long Haul Trucking	\$ _____	\$ _____
Commercial Multi-peril	\$ _____	\$ _____
Inland Marine	\$ _____	\$ _____
Wet Marine	\$ _____	\$ _____
Commercial Property	\$ _____	\$ _____
Bonds-Surety	\$ _____	\$ _____
Bonds-All other	\$ _____	\$ _____
Aviation	\$ _____	\$ _____
Animal Mortality	\$ _____	\$ _____
Umbrella/Excess	\$ _____	\$ _____
Assigned Risk/Pool/Fair Plan	\$ _____	\$ _____
Physician & Hospital	\$ _____	\$ _____
Attorney/CPA	\$ _____	\$ _____
Professional/D&O	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL Commercial Lines	\$ _____	\$ _____

TOTAL All Property/ Casualty Lines	Premium Volume	Commissions
	\$ _____	\$ _____

Life, Accident and Health Commissions	Premium Volume	Commissions
TOTAL Life, Accident and Health Business	\$ _____	\$ _____

10. List by company name all non-admitted and non-standard carriers including Brokerage Houses (intermediaries) and governmental facilities/plans used and give the estimated % of total premium placed:

CARRIER/FACILITY PLAN	VOLUME	% OF TOTAL

NOTE: Variable annuity, sale of securities and other investment vehicles are not covered.

11. Has the Applicant ever been involved in the formation, management or administration of any of the following:

- Self-insured trusts..... Yes No
- Insurance pools..... Yes No
- Risk retention groups..... Yes No
- Health maintenance organizations..... Yes No
- Any other self-insured risk-bearing entities..... Yes No

12. THIRD PARTY ADMINISTRATOR

(a) Does the Applicant act as a third party administrator (TPA)? Yes No

(b) Does the Applicant pay medical/dental or other healthcare claims? Yes No
 If **Yes**, state what work is performed for what class of business and attach a copy of the contract(s) used.

Annual Income from this service? \$ _____

(c) Does the Applicant administer Section 125 Reimbursement or COBRA benefits: Yes No

Annual Income from this service? \$ _____

(d) How many staff members are involved in the TPA operations? _____

Total All Commissions & Other Income for TPA services. \$ _____

13. PERSONNEL INFORMATION: Their education, work history, and professional experience:

(a) Give the number of and names of licensed agents, licensed brokers, licensed solicitors, partners, officers of the corporation and stockholders active in the business and considered employed (their FICA taxes are paid by the Applicant).

Principals & Employees	Years of Experience	Year Licensed	Position with Firm

(b) Unlicensed staff:

(c) Name all agents, brokers and solicitors considered independent contractors

NAME	VOLUME PRODUCED
_____	\$ _____
_____	\$ _____
_____	\$ _____

NOTE: Independent Contractors are not covered under the basic policy but can be added by endorsement for an additional premium to cover them only for work done for Applicant's firm.

Check here if the endorsement is being requested by Applicant:

14. CONSULTING AND/OR RISK MANAGEMENT SERVICES

(a) Does the Applicant engage in Risk Management Consulting? Yes No

If **Yes**, state what type of consulting is performed:

Enclose a copy of a survey and written report completed for a commercial account.

Annual Income from Risk Management services \$_____

(b) Does the Applicant perform Loss Control, OSHA, Loss Prevention, or Safety Inspection service? Yes No

If **Yes**, give a statement as to the number of personnel employed, their credentials and their work history. Specify service performed.

Annual Income from this service \$_____

15. Has applicant reported all claims or potential claims to NAS Insurance Services? Yes No None to Report

If **No**, please forward notice to NAS Insurance Services immediately.

NETWORK SECURITY & PRIVACY INSURANCE SECTION

NOTE: This section may be omitted if Applicant is not interested in obtaining a quote on this coverage.

16. Do you employ physical security controls to prevent unauthorized access to computer, networks, data and other sensitive information? Yes No

17. Does your company have a firewall and anti-virus program in place? Yes No
(a) Are these safeguards periodically updated/patched? Yes No

18. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No

19. Please estimate total number of customer and employee records you store, either electronically or in physical files. _____

20. Does your company process, store or handle credit card information? Yes No
(a) If so, are you compliant with all data security standards issued by the card issuers or financial institutions you do business with? Yes No

21. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network? Yes No
(If so, please provide details)

To complete the submission, include the following:

- Any brochures or promotional materials.
- Resumes of the Applicant's principals or key employees.
- A copy of the Applicant's standard client contract.
- Claim Supplement(s).

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION WILL BE ATTACHED AND BECOME A PART OF SUCH POLICY, IF ISSUED. UNDERWRITERS HEREBY ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY UNDERWRITERS AND, AT THE SOLE DISCRETION OF UNDERWRITERS, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.

FOR PURPOSES OF CREATING A BINDING CONTRACT OF INSURANCE BY THIS APPLICATION OR IN DETERMINING THE RIGHTS AND OBLIGATIONS UNDER SUCH A CONTRACT IN ANY COURT OF LAW, THE PARTIES ACKNOWLEDGE THAT A SIGNATURE REPRODUCED BY EITHER FACSIMILE OR PHOTOCOPY SHALL BE THE SAME FORCE AND EFFECT AS AN ORIGINAL SIGNATURE AND THAT THE ORIGINAL AND ANY SUCH COPIES SHALL BE DEEMED ONE AND THE SAME DOCUMENT.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date



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