

ERRORS AND OMISSIONS QUESTIONNAIRE

PROFESSIONAL LIABILITY

(IMPORTANT) QUESTIONNAIRE MUST INCLUDE A COPY OF CURRENT ERRORS AND OMISSION POLICY



1992-2024

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contact@InsureDirect.com

FIRST NAME:		LAST NAME:		TODAY'S DATE:	
PHONE NUMBER:			STATE:		
EMAIL ADDRESS:					
WHAT TYPE OF WORK DO YOU DO:					
LEGAL BUSINESS NAME AND DOING BUSINESS AS (WILL APPEAR ON POLICY)					

COMPLETE PRIMARY LOCATION: (This is the main location of your business operates)

STREET NAME:

CITY:

STATE:

ZIP CODE:

Is your mailing address the same as your business address? If NO,

STREET ADDRESS AND UNIT/SUITE #

Does your business rent or own more than one permanent location? (Not including any home-based offices) YES

Does your business employ any workers outside of your state? YES NO

ABOUT THE COMPANY

Has one or more employees

Uses tools and equipment to operate rents or owns an office/business location

Uses vehicles for business purposes

None of the Above

What year did you start your business:

Does your business rent or own more than one permanent location? (Not including any home-based offices) YES NO

WHAT BEST DESCRIBES YOUR BUSINESS'S OWNERSHIP STRUCTURE?

INDIVIDUAL/SOLE PROPRIETORSHIP

PARTNERSHIP

LIMITED LIABILITY COMPANY (LLC)

CORPORATION

TRUST

OTHER ENTITY _____

Does your business employ any workers outside of Pennsylvania? YES NO

ABOUT THE BUSINESS

Number of Owners (Members):

Number of Employees:

(Do not include owners, subcontractors, or independent contractors)

Expected subcontractor payroll in the next 12 months: (Include payroll for all cash workers and 1099 contractors)

Do you or your employees run additional businesses? YES NO

What is your expected total sales in the next 12 months:

\$

Do you currently have an active Errors & Omissions (Professional Liability) insurance policy? YES NO

Select all areas of practice that apply to your business or subcontractors:

LIFE AND HEALTH

PROPERTY AND CASUALTY

FINANCIAL PRODUCTS

OTHER _____

ABOUT THE WORK

What type of Errors & Omissions (E&O) policy do you need?

Individual Agent/Broker

Retail Agency

Non-Retail Agency, Broker or Wholesaler

Do you perform any of the following activities / services (select all that apply)?

- Sell any aircraft, aerospace, long-haul trucking, medical malpractice, mining or ocean marine insurance products
- Sell any securities that are not registered with the US Securities and Exchange Commissions (SEC)
- Place any business with excess & surplus lines carriers
- Facilitate premium financing
- Place any business with insurance carriers not rated B+ or better by A.M. Best or A or better by Demotech
- Group benefits Administration
- None of the Above

Do you, your employees, or anyone operating under your license perform any of the following activities?

- Acting as a countersigning agent for out-of-state insurance agencies
- Claims - Acting as a third party administrator (TPA) or other claims-related professional
- E&S - Acting as a surplus lines broker
- Employee benefits design or consulting (not including general administration)
- Facilitation of life settlements or other structured transactions
- Retirement plans - Advice or management of retirement plans (IRA, 401(k), 503(b) and similar)
- Underwriting - Acting as a managing general agent (MGA) or similar underwriting capacity

YES NO

Has your commercial insurance coverage been canceled, revoked, or non-renewed in the last 3 years (other than cancellation for non-payment or non-renewal for discontinuation of program)? YES NO

Has your business, or any of its officers, owners, or partners:

- Been convicted of a felony in the past 5 years?
- Declared bankruptcy in the past 3 years?
- Had business-related lawsuits, mediations, or arbitrations

YES NO

INSURANCE DETAILS

Has an errors & omissions (professional liability) claim been filed against this business or any of its owners, officers, or partners within the past 4 years? YES NO

Do you certify that neither you nor any of your business's owners, officers, partners, or employees are aware of any mistakes, damages, accidents, or other circumstances that may lead to a claim against this policy?

I CERTIFY

This policy has defense costs within limits. Defense costs may reduce and exhaust the limits available to pay for damages.

I UNDERSTAND

This is a claims-made policy. If coverage is provided, it shall apply to claims reported to us during the policy period or extended reporting period if applicable.

I UNDERSTAND

The following activities will be excluded from your policy. Please confirm that you acknowledge that you will not be covered for any of the following:

- Claims related to the insolvency of an insurance carrier if not rated B+ or better by A.M. Best or A or better by Demotech at time of placement

I UNDERSTAND

When would you like your coverage to start (MM/DD/YYYY):

NOTES