



Broker Information	
Name:	_____
Phone:	_____
E-mail:	_____

**Professional Liability / Errors & Omissions Coverage
Premium Indication Worksheet**

Name of Firm: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Email Address: _____ Website Address: _____

1. Detailed expansion of services provided / area of specialization:

2. Date Firm Established: _____

3. Years of Experience: _____

4. Number of Professionals: _____

5. Number of Support Staff (clerical, administrative only): Full Time _____ Part Time _____

6. Does applicant use independent contractors: Yes No

of Independent Contractors: _____ If yes, % of receipts? _____

What services: _____

7. Annual Gross Revenues: Current year projected: _____ Last year: _____

8. What is the percentage in which the applicant uses a written contract? _____

If not 100%, please explain why and how the scope of services to be provided is agreed:

Please provide copy of contract or letter of engagement that is used.

9. Any claims in the last 5 years? _____ **If so, please provide detail.**

10. Is Professional Liability Insurance currently in force? Yes No

If yes, Carrier: _____ Limit: _____ Deductible: _____

Expiration Date: _____ Date Professional Liability Insurance began: _____

11. Insurance Coverage desired:

Limit of Liability:	\$300,000	\$500,000	\$1,000,000	\$2,000,000	Other:	
Deductible/Retention:	\$0	\$1,000	\$2,500	\$5,000	\$10,000	Other:

Please include any promotional materials that are used.