



5444 Riverside Drive  
Macon, GA 31210  
Phone: 478-757-7111  
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**INSURANCE AGENTS ERRORS & OMISSIONS PREMIUM INDICATOR**

Simply complete the form below and return to Amy Stanley at [astanley@stins.com](mailto:astanley@stins.com) or  
By fax at 478-747-9604

**SECTION 1: GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 2: BUSINESS OPERATIONS**

- Total Premium Volume (last 12 months) \$ \_\_\_\_\_
- Do you derive more than 10% of your premium volume from the placement of?  

Aviation	Yes	No
Reinsurance	Yes	No
- Do you derive more than 24% of your income from Third Party Administrator activities? Yes No
- Percentage breakdown of: Commercial Lines \_\_\_\_\_% Personal Lines \_\_\_\_\_%

**SECTION 3: CURRENT INSURANCE COVERAGE**

Effective Date \_\_\_\_\_ Carrier \_\_\_\_\_ Limits \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_ Retroactive/Prior Acts Date \_\_\_\_\_

**SECTION 4: PRIOR EXPERIENCE**

Have any prior E & O insurance policies been cancelled or non-renewed? Yes No

Have you had any E & O Claims in the past FIVE years or do you have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No

**If YES to any of the above, provide details including loss runs on a separate sheet of paper.**

Each propose insured represents that the statements set forth in the form are true and correct and that no material facts have been suppressed, misstated or omitted.

\_\_\_\_\_  
Date Applicant's Authorized Signature Title