



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 explanation 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.**