



Eastern E&O Brokers, Inc. | Eastern E&O Insurance | 41-A New London Turnpike | Glastonbury, CT 06033-2038
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Complete the information below and send back via fax to (860-633-3086) or via e-mail to EEOBsubmissions@useo.com to receive an E&O indication. Please note: A new business application will be required to bind.

1. Name of Applicant (including dba): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Contact: _____ E-Mail: _____

Number of Locations: _____ Number of Employees (Total): _____

2. Year agency established*: _____ Owner's Years of Insurance Experience: _____
***Very Important: If agency was established less than 3 years ago or management changed within the last 3 years, attach resumes for all principals/managers.**

3. a. Please indicate the premium volume produced by or through the Applicant and the revenues/fees earned by the Applicant:

Year	Premium Volume	Gross Revenue/Comm.	Net Revenue/Comm.	Fee Income
Last	\$	\$	\$	\$
Est. for current year	\$	\$	\$	\$

b. Enter amount of income derived from Non-Insurance activities: \$ _____ Source: _____

4. Please provide breakdown of how your business operates (total must equal 100%):
 A) As a retail agent: _____% B) As a Retail Broker: _____%
 C) As an MGA: _____% D) As a Wholesaler: _____% E) As a Surplus Lines Broker: _____%

5. Please indicate the % of your premium volume placed directly with admitted carriers or their MGAs: _____%

6. Please indicate the dollar amount of the Applicant's premium volume derived from each Personal & Commercial line of business listed below and **commission income** for each Life, Accident and Health line of business:

Personal Lines	Prem. Volume	Commercial Lines	Prem. Volume
Standard Auto		Auto (Other than Long Haul Trucking)	
Non-Standard Auto/Motorcycles/RV's		Long Haul Trucking	
Homeowners/Mobile Homes/Umbrella		Business Owners' Policy	
Personal Marine		General Liability & Property	
Other (Describe)		Workers Comp (Non-Retro Rated)	
Life, Accident & Health	COMMISSION	Workers Comp (Retro Rated)	
Individual Life		Bonds	
Individual Accident & Health		Umbrella/Excess	
Group Life		Aviation	
Group Accident & Health		Wet marine	
Securities (Supplement required)		Prof. Liability / Med. Malpractice	
Other (Describe)		Other (Describe)	

7. Please list the top three (3) insurers (including companies, syndicates, captives, etc.) which the Applicant places business with:

Insurers	Premium Volume	Admitted? (Y or N)	A.M. Best Rating
	\$		
	\$		
	\$		

% of total premium volume placed with non-rated/low-rated (B or lower) by A.M. Best: _____

8. Does the Applicant currently have errors and omissions insurance in force? Yes No

Name of Insurer: _____ Expiration Date: _____

Current Limits: _____ Desired Limits: _____ Premium: _____

Current Deductible: _____ Desired Deductible: _____ Retroactive Date: _____

9. Has the Applicant ever been the subject of disciplinary action or investigation for professional activities? Yes No

10. Within the last five years, have there been any claims or potential claims made against the Applicant? Yes No

11. Is the Applicant being non-renewed, or have they been non-renewed in the past five (5) years? Yes No

If "Yes" to questions 9-11, please attach an explanation and 5-year loss runs.

Signature: _____ Date: _____