



INSURANCE AGENTS AND BROKERS E & O APPLICATION

1. Agency Name: _____
D/B/A (if applicable): _____
2. Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____
3. Contact Name: _____ Email: _____
4. Annual Commission: \$ _____ Current Carrier / Premium: _____ / _____
5. Personal Lines % _____ Commercial Lines % _____
6. Requested Limit : \$500,000 / \$500,000 Deductible : \$2,500
 \$500,000 / \$1,000,000 \$5,000
 \$1,000,000 / \$1,000,000 \$10,000
 \$1,000,000 / \$2,000,000
7. Effective Date: ____ / ____ / ____ Retro Date: ____ / ____ / ____
8. Have any claim or suits been made during the past five years against the applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, solicitors or employees? YES NO

The undersigned being authorized by, and acting on behalf of the applicant and all persons concerned seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt to such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

X _____ Date ____ / ____ / ____
Insured Signature

FINAL QUOTATION IS SUBJECT TO COMPANY APPROVAL

SLB Insurance Group
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