



Utica National
Insurance Group

Easy Estimate for *Life & Health Agents*

From the Errors & Omissions Experts

Please Complete For an E&O Premium Indication (Not Applicable to "Captive" Agents)

Agency Name _____ **Telephone** _____

(or Individual Named Insured)

Fed ID # _____

Address _____ **Fax** _____

_____ **E-Mail** _____

Contact Name _____ **Effective Date** _____

Independent Agent/Agency Since? _____ **# Years Licensed** _____ **Full Time / Part Time?**
(Is this a full time agency?)

Annual L&H Commission \$ _____ **Fees / Other Commissions? \$** _____
(Including New and Renewal)

Other Income? \$ _____ **Received From?** _____

Mutual Funds? Yes / No **Currently Covered? Yes / No** **Series License Held?** _____

of Persons with NASD License? _____ **Limit \$** _____ **Deductible \$** _____

Any Third Party Administrative Activities? Yes / No **Currently Covered? Yes / No**

1099- Sub Agents under \$50,000 # agents _____ **Sub Agents over \$50,000 # agents** _____
(Placing coverage thru your agency or contracts / Annual Commission Dollars under / over \$50,000)

Property & Casualty Premium if any \$ _____ **Number of P&C Employees** _____

Personal Lines % _____ **+ Commercial Lines %** _____ **= 100%** **Brokered** _____ %

Current Liability Limit \$ _____ / \$ _____ **Deductible \$** _____ / \$ _____

Current E&O Carrier _____ **Premium \$** _____ **Retro-Active Date (if any)** _____