MIDLANDS
Beyond Coverage™

Insurance Brokers & Agent's E&O Application

1. Name of Applicant:
   DBA:
   Physical Address:
   City: State: Zip: Phone:
   Contact: Email Address:
   Number of Locations: Number of Employees (list by location):

2. Years Agency Established: If less than 3 years, please attached resumes of principals.
   Owner's Years of Insurance Experience:

3. Limit of Liability Desired: each claim. in the aggregate
   Deductible Amount Desired:

4. a. Please indicate the Premium Volume produced by/or through the Applicant and the revenues earned by the Applicants, and any Other Fees the Applicant had during the years listed below:

Year	Premium Volume	Total Revenues/Commissions	Other Fees
Last Completed			
Current Estimate			

   b. Does the applicant receive any income from any additional source? ☐ Yes ☐ No
   If yes, please provide details:

5. a. Please indicate the percentage of business placed as:
   Retail Agent/Broker: % Surplus Lines Broker: % Wholesaler: %
   MGA: % Other (please specify): %

   b. What is the annual percentage breakdown by Line of Business of the Applicant's Annual Premium Income:

Personal Lines	Percentage
Auto - Standard	%
Auto - Non Standard & Assigned Risk	%
Homeowners & Standard Fire	%
Personal Floaters	%
Flood	%
Other	%

Life Insurance	Percentage
Individual	%
Group	%
Annuities - Fixed	%

Commercial Lines	Percentage
Auto	%
BOP/CGL/Package	%
Umbrellas/Excess	%
Property Coverage	%
Workers Compensation	%
Flood	%
Bonds	%
Professional Liability	%
Directors & Officers Liability	%
Crop Coverage	%
Long Haul Trucking	%
Wet Marine	%
Medical Malpractice	%
Livestock Mortality	%
Other (Describe)	%

Accident & Health	Percentage
Group - Carrier Insured	%
Group - Self Insured	%
HMO/PPO/DSP	%
Individual	%

Total of All Lines Should Equal 100%

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For Additional Information, Please Contact:
submit@midman.com
800.800.4007
midlandsmgt.com

6. Please list the top three (3) Insurance Companies by Premium Income with which the Applicant places business and the dollar volume for each:

Insurers and/or MGA's	Premium Volume	Admitted	Current Best Rating
	$	☐ Yes ☐ No	
	$	☐ Yes ☐ No	
	$	☐ Yes ☐ No	

7. Is the Applicant involved in any of the following activities? If Yes, please show perce3ntage of total revenue received from each:

Activities		Percentage	Activities		Percentage
Real Estate	☐ Yes ☐ No	%	Premium Financing	☐ Yes ☐ No	%
Mutual Funds	☐ Yes ☐ No	%	Claims Adjusting	☐ Yes ☐ No	%
Variable Annuities	☐ Yes ☐ No	%	Loss Prevention Engineering	☐ Yes ☐ No	%
Viatical Settlements	☐ Yes ☐ No	%	Third Party Administrator	☐ Yes ☐ No	%
Financial Planning Services	☐ Yes ☐ No	%	Law Practice	☐ Yes ☐ No	%
Insurance Consulting	☐ Yes ☐ No	%	Other (please specify)	☐ Yes ☐ No	%

8.
a. Does the Applicant delegate Binding Authority to Sub-Producers? ☐ Yes ☐ No
b. Does the Applicant Adjust Claims? ☐ Yes ☐ No
c. Does the Applicant have authority to Deny Claims? ☐ Yes ☐ No
d. Does the Applicant Negotiate/Purchase Reinsurance? ☐ Yes ☐ No

9. Do you have Procedures to record and document for the file business related telephone conversations and require employees to follow these procedures? ☐ Yes ☐ No

10. Are all declinations of coverage confirmed in writing? ☐ Yes ☐ No

11. Do you obtain instructions in writing from customers who want their insurance coverage reduced or eliminated? ☐ Yes ☐ No

12. Are customers advised in writing whenever insurance cover cannot be bound immediately or when special restrictions or endorsement apply? ☐ Yes ☐ No

13. Does the Applicant currently have Errors & Omissions Insurance in-force? ☐ Yes ☐ No

Name of Insurer:

Limits: Deductible: Premium:

Retroactive Date of Current Policy: Expiration Date:

14.
a. Has the Applicant been the subject of Disciplinary Action or Investigation as a result of Professional Activities? ☐ Yes ☐ No
b. Have there been any Errors and Omissions Claims made against the Applicant during the past 5 years? ☐ Yes ☐ No
c. Does the Applicant have any Knowledge of any Potential Errors or Omissions Claim(s)? ☐ Yes ☐ No
d. Has the applicant ever had Error and Omissions coverage declined / non-renewed / cancelled? ☐ Yes ☐ No

If Yes, to any of Question 14, please attach an explanation.

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL WE BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

Name of Firm: By:

Owner, Partner, or Officer (Must Be Signed)

Date: Time:

Please send submissions to submit@midman.com

A full submission would include the following:

- **Completed E&O Application**
- **Resume's of all principals (if new venture)**
- **3-5 years of currently valued loss runs.**

NOTE: NO NEW VENTURES UNLESS THE PRINCIPALS HAVE AT LEAST 3-5 YEARS OF PRIOR EXPERIENCE,

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