



**INSURANCE PROFESSIONALS ERRORS AND OMISSIONS RENEWAL QUESTIONNAIRE**  
*FOR A CLAIMS-MADE AND REPORTED INSURANCE POLICY*

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: LP \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Is corresponding via email acceptable? ☐ Yes ☐ No, please use ☐ Fax ☐ US Mail ☐ Other \_\_\_\_\_)

**1) During the past year, have there been any changes in: (For "YES" responses, please describe in the Notes Section.)**

- a) Errors and omissions claims made against the Applicant, its past or present owners, partners, officers, employees or solicitors, whether or not they were reported to Liberty Mutual? ☐ Yes ☐ No
- b) Incidents that the Applicant, predecessor in business and any other person for whom coverage is requested are aware of which may result in a claim being made? ☐ Yes ☐ No
- c) Mergers, acquisitions, involvement in cluster arrangements, changes in agency ownership, additions or deletions of locations, or formation/administration of a new entity? ☐ Yes ☐ No
- d) Changes in agency agreements with brokers, MGAs, carriers or other risk-assuming entities? ☐ Yes ☐ No
- e) Applicant or any party associated or affiliated with the Applicant that has been censured, fined, had any license suspended or revoked, or been otherwise disciplined by any insurance regulatory authority? ☐ Yes ☐ No
- f) Insurance carriers or other risk-assuming entities used by the Applicant that were declared insolvent, put into receivership, bankruptcy or rehabilitation? ☐ Yes ☐ No
- g) Staff who participated in E&O loss control coursework: What percentage?  
☐ None ☐ 5-10% ☐ 11-25% ☐ >25% ☐ In-House Risk Management (Please describe in the Notes Section.)

**2) During the past year, have there been any changes in: (For "YES" responses, please describe in the Notes Section.)**

- a) Type of business being placed or areas of specialization? ☐ Yes ☐ No
- b) Brokered business, including business accepted from other agents or brokers? ☐ Yes ☐ No
- c) High hazard premium volume (*Aviation, Bonds, Ocean Marine, Professional Liability, Trucking*)? ☐ Yes ☐ No
- d) Amount of business placed with non-admitted carriers or self/group-insured entities? ☐ Yes ☐ No
- e) Services as: an underwriter, MGA, reinsurance intermediary, or with alternative risk placements? ☐ Yes ☐ No
- f) Carriers used including new and cancelled appointments? ☐ Yes ☐ No
- g) Independent Contractors or other Additional Insureds? ☐ Yes ☐ No

**3) During the most recent annual period, what was the applicants total annual:**

- a) P&C written premium? \$ \_\_\_\_\_ P&C commission? \$ \_\_\_\_\_
- b) L, A, and H written premium? \$ \_\_\_\_\_ L, A, and H commission? \$ \_\_\_\_\_
- c) What growth is anticipated next year in: P&C \_\_\_\_\_% L,A, & H \_\_\_\_\_%
- d) Premium placed via Customer Service Units? \$ \_\_\_\_\_
- e) Revenue, other than commission, for professional services: \$ \_\_\_\_\_ (Please describe in the Notes Section.)

**4) Is the applicant:** a) A Liberty Mutual agent? ☐ Yes ☐ No

- c) Agency total staff size (including principals, exclusive I.C.'s, and all employees)? Full time \_\_\_\_\_ Part time \_\_\_\_\_
- d) How many employees were hired in the past year? \_\_\_\_\_

**5) Would the applicant like to be considered for any of the following?:**

- a) Coverage for the sale of SEC registered mutual funds? (Annual commission \$ \_\_\_\_\_) ☐ Yes ☐ No
- b) Coverage for PEO Sales? ☐ Yes ☐ No
- c) Alternate Limits of Liability and/or Deductible options? (List options in the Notes Section) ☐ Yes ☐ No

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**NOTICE TO APPLICANT — PLEASE READ THE FOLLOWING CAREFULLY**

**WARNING**

**NOT APPLICABLE IN COLORADO, NEBRASKA, OHIO, OKLAHOMA, AND OREGON**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

**Washington State:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**SIGNATURE AND AGREEMENTS**

The undersigned represents that all statements and answers to questions are true, complete and accurate and there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the questionnaire and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Liberty Mutual Insurance Companies to use the information contained in this questionnaire and in their files for the purpose of underwriting this insurance. The undersigned also authorizes Liberty Mutual Insurance Companies to provide information, including claim and premium details, on any policy issued pursuant to this questionnaire, to a past or present franchising organization named as an Insured on the policy.

***The Applicant accepts notice that they are required to provide written notification to the Company of any changes to this questionnaire that may happen between the signature date below and any proposed effective date.***

Signature

Title

Date

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***This questionnaire must be signed by an active Owner, Partner, Principal, or Executive Officer.***

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Individual Licensed Agent's Name who produced this business (Required in Iowa):

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**NOTES SECTION**

*(Further notes can be supplied on agency letterhead, signed and dated, and attached to the application.)*