



E&O PREMIUM INDICATION FORM
 LIFE SETTLEMENT SERVICES
 LIFE/HEALTH INSURANCE SERVICES
 MISC FINANCIAL SERVICES

Please complete the following information in order to receive further information about our services or a premium indication for E&O coverage. **Once completed, please return this form to David Souders via email (dsouders@toddassociates.com) or fax (440-446-0192).**

Firm: _____ Contact Person: _____

E-Mail: _____ Telephone: _____

Gross Revenue 2009: _____ Estimated Gross Revenue 2010: _____

of Employees: _____ Date Established: _____

Current Insurance Carrier: _____ Current Premium: _____

Expiration Date: _____ Prior Acts Date: _____

During the past five years has any owner, employee or affiliate of your firm been the subject of a lawsuit or regulatory investigation? _____

Please indicate the percentage of total revenue generated from each of the following professional service descriptions. Please attach a full description of any services provided by your firm which are not featured as an option below.

%	<u>LIFE SETTLEMENT SERVICES</u>	%	<u>LIFE AND HEALTH SERVICES</u>
	Individual Agent/Producer		Life and Health Insurance Sales
	Retail Brokerage		Premium Finance Services
	Wholesale Brokerage		Individual Agent/Producer
	Provider		Retail Brokerage
	Provider Rep. (Solicits Investors)		Wholesale Brokerage
	Fund Advisor		MGA/MGU/Program Administrator
	Fund Manager		<u>MISC SERVICES</u>
	Escrow Services		Financial Planner
	Premium Payment/Mortality Tracking		Investment Advisor
	Actuary		Broker Dealer
	Life Expectancy Provider		Trustee
	Other _____		Attorney
			Accountant
			Other: _____