



E&O PREMIUM INDICATION FORM
STRUCTURED SETTLEMENT BROKERS

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

Named Insured(s): _____

Managing Partner: _____

Address: _____

E-Mail: _____ Telephone: _____

Fax: _____ Website: _____

Gross Revenue 2009: _____ Estimated Gross Revenue 2010: _____

Current Insurance Carrier: _____ Current Premium: _____

Limit of Insurance: _____ Deductible: _____

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? Yes No (if yes please attach complete description(s))

No person or entity proposed for this insurance (including with limitation any partners, directors, officers, employees or contracted representative) has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the requested insurance, except as follows: _____(if "None," so state)

Number of active Independent Contractors (ie: sub-producers, sub-agents, retail agents): _____

Please provide the names of any associations of which you are a member: _____

Please provide the following information:

- Resumes of Partners
- Standard Contract/Agreements
- Current Insurance Certificates or Declarations Pages