

Agency Name:	
Address:	
Office Phone:	
Agency Contact:	Title:
Fax:	Email:
Number of Producers:	Year Established:
Name Changes:	
1. Names of Professional Liability Producers:	
2. Do you currently write Professional Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, for what occupation(s)? <input type="checkbox"/> Lawyers <input type="checkbox"/> Real Estate Agents <input type="checkbox"/> Accountants <input type="checkbox"/> Engineers <input type="checkbox"/> Other _____	
b. If yes, number of cases now in force? _____	
c. If yes, through whom? _____	
3. What primary carriers does your agency currently represent:	
a. for Life & Health? _____	
b. for Property & Casualty? _____	
4. Does your agency attempt to cross-sell to professional liability clients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you previously written with Pearl Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How many firms do you anticipate writing with Pearl over the next 12 months? _____	
a. Total premium? \$ _____	
7. In what state(s) do you have P&C licenses?	
8. Does your agency hold an E&S license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, in what states? _____	
9. Does your agency have Errors & Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, who is your agency's current E&O company? _____	
b. If yes, what is your policy limit? \$ _____	
10. Have you had any Errors & Omissions claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, date of claim and amount paid: _____	
11. Within the past 10 years, has any E&O carrier denied, paid claims on, or cancelled your coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Within the past 10 years, has a bonding or surety company denied, paid out on, or cancelled your coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Is your agency involved in any pending or current litigation, investigations, or E&O claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, provide detail under separate cover.	

14. Are there any outstanding or pending judgments or liens against your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has your agency ever defaulted on: <ul style="list-style-type: none"> a. a promissory note? <input type="checkbox"/> Yes <input type="checkbox"/> No b. any other debt, including consumer or credit card debt? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is your agency past due on any money owed by you to an insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Within the past 10 years, has any insurance company cancelled your contract or appointment for any reason other than lack of production? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Within the past 10 years, has any producer named above ever had a complaint filed against him/her that resulted in: <ul style="list-style-type: none"> a. fine or penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No b. censure? <input type="checkbox"/> Yes <input type="checkbox"/> No c. cease and desist order? <input type="checkbox"/> Yes <input type="checkbox"/> No d. consent order? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Has any producer named above had his/her insurance license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> a. If yes, provide detail under separate cover.
20. Has any producer named above been discharged or permitted to resign from employment due to an accusation of: <ul style="list-style-type: none"> a. violating investment-related or insurance-related statutes, regulations, rules, or industry standards of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No a. fraud or the wrongful taking of property? <input type="checkbox"/> Yes <input type="checkbox"/> No b. violating company rules? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Within the past 5 years, has any producer ever initiated bankruptcy proceedings or been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. With the exception of routine traffic violations, has any producer ever been convicted of or plead <i>nolo contendere</i> (no contest) in a court to: <ul style="list-style-type: none"> a. a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No b. a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your agency have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> a. If yes, what is the address? _____ b. If no, would your firm like assistance with technology services or web development? <input type="checkbox"/> Yes <input type="checkbox"/> No

Return to: **Pearl Insurance**
Attn: Corporate Compliance Dept.
1200 East Glen Avenue
Peoria Heights, IL 61616-5348
Fax: 309.688.5444

Signed: _____ **Title:** _____ **Date:** _____

For Office Use Only

Date Received: _____ **Date Approved:** _____ **Approved By:** _____
Agreement Sent: _____ **Kit Sent By:** _____