



Professional Liability (E&O) Insurance Quote

Please print clearly, then email a scan or photo of every page to info@okcib.com or bring it to our office. Questions marked * are required. You can also fill this out online at okcib.com - just ask us for the link.

YOUR CONTACT INFORMATION

First Name *

Last Name *

Phone *

Email *

Date of Birth (needed to start your quote) * MM / DD / YYYY

QUESTIONS

Business Name

Profession / Type of Business *

- ☐ Real Estate Agent / Broker ☐ Insurance Agent / Broker ☐ Property Manager
☐ Accountant / Bookkeeper / Tax Preparer ☐ Attorney ☐ Financial Advisor ☐ Consultant ☐ Notary / Title / Escrow
☐ Home Inspector ☐ Appraiser ☐ IT / Technology Services ☐ Marketing / Design ☐ Engineer / Architect
☐ Medical / Healthcare Professional ☐ Other

Only if "Profession / Type of Business" = Accountant / Bookkeeper / Tax Preparer:

Which of the following services does your business provide? Check all that apply. *

- ☐ Auditing/Attestation services ☐ Bookkeeping/Payroll services ☐ Business Consulting
☐ Business Valuations/Forecasts ☐ Certified Public Accounting ☐ Enrolled Agents ☐ Estate Tax Returns
☐ Forensic Accounting ☐ Litigation Support ☐ Personal Tax & Business Tax Returns
☐ Accounts Payable / Accounts Receivable ☐ Other

Only if "Profession / Type of Business" = Accountant / Bookkeeper / Tax Preparer:

Does your business manage or participate in any of the following services? Check all that apply. *

- ☐ Auditing for financial institutions or pensions ☐ Financial planning as a registered financial advisor ☐ Investment advice
☐ Mergers & acquisitions ☐ Public audits, SEC audits, high net worth auditing (\$10M+ clients) ☐ Tax shelters
☐ Trustee services ☐ None of the above

Address *

Street

City / State / ZIP

Who is your current carrier?

Description of services provided

Estimated Annual Revenue * _____

During the next 12 months, what % of your expected gross sales will you earn from your largest customer?

of Employees / Professionals _____

Years in Business _____

Years of experience _____

Do you currently have professional liability (E&O) coverage?

☐ Yes ☐ No

Current E&O carrier (if any) _____

When does your current policy expire? _____

MM / DD / YYYY

Limits requested (claims-made)

☐ 1 million per claim / 1 million aggregate ☐ 1 million per claim / 3 million aggregate
☐ 2 million per claim / 2 million aggregate ☐ 2 million per claim / 4 million aggregate ☐ Not sure - recommend for me

Any claims or incidents in the past 5 years?

☐ Yes ☐ No

If yes, briefly describe

Are you aware of any circumstances that could result in a claim?

☐ Yes ☐ No

Has any E&O coverage ever been declined, cancelled, or non-renewed?

☐ Yes ☐ No

Would you also like a quote for:

(check all that apply)

☐ General Liability

Only if "Would you also like a quote for:" = General Liability:

General Liability: do clients or the public come to your office or location? *

☐ Yes ☐ No

Only if "Would you also like a quote for:" = General Liability:

Do you own or lease the space you work from?

☐ Own ☐ Lease ☐ Work from home

Only if "Would you also like a quote for:" = General Liability:

Square footage of your office / location _____

Only if "Would you also like a quote for:" = General Liability:

Estimated Payroll _____

Only if "Would you also like a quote for:" = General Liability:

General Liability limits requested *

☐ 1 million/2 million aggregate (top choice) ☐ 2 million/4 million aggregate ☐ 5 million/5 million aggregate

Only if "Would you also like a quote for:" = General Liability:

Who is your current General Liability carrier? (leave blank if none) _____

Only if "Would you also like a quote for:" = General Liability:

When does that General Liability policy expire? _____ MM / DD / YYYY

Only if "Would you also like a quote for:" = General Liability:

Any General Liability losses or claims in the past 3 years?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = General Liability:

Does a lease or contract require Additional Insureds on the General Liability?

☐ Yes ☐ No

Only if "Does a lease or contract require Additional Insureds on the General..." = Yes:

List the Additional Insureds (name + address)

When do you want your policy to start? * _____ MM / DD / YYYY

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

Attach documents (current policy, dec page, photos - optional)

Please attach a copy with this form.

I confirm the answers above are true and complete to the best of my knowledge. Sending this form does not bind coverage; nothing is in force until confirmed in writing by OKC Insurance Brokers.

Signature

Date