

Your Step-by-Step Guide to Completing the Westport Errors and Omissions Application

This guide attempts to answer the most common questions and address the most common application problems. There are a few things to keep in mind:

1. Complete **ALL** questions.
2. Do not leave any questions unanswered.
3. If something does not apply to your agency, please indicate “non” or “n/a”
4. Make sure that the application is signed and dated by an owner/officer of the agency

NOTES:

Question 1.a.: Only one Named Insured should be listed as the primary named insured. The term “etal” or “etc.” is never to be used in an insured name. (Please note that street and mailing addresses will be entered in 2a & 2b below.) The names of banks and bank holding companies **should not** be listed as Named Insured’s. Insured’s that are owned by banks or bank holding companies can add the name of the institution on an additional insured/vicarious liability endorsement. Include request if this endorsement is needed.

Question 1.f.: The term “majority owned” means that the same individuals or entities that own the Named Insured also have a 51% or greater ownership interest in the additional entity.

Question 2.c.: Provide list (with name, address, phone, fax, contract person & e-mail) of all branch locations.

Question 4.a. - 4.d.: Provide explanation to any “yes” response. If the “yes” response refers to something that has been previously underwritten, please indicate as such.

Question 5: Include copy of any special licenses in use (not including agent or agency licenses) with submission along with an explanation as to how it is utilized.

Question 6.a. and 6.b.: The PC **commission** reported on line “b” must go along with the PC **volume** on line “a”. Both lines must include the agency’s entire PC book including all new & renewal business and all crop-haul/multi-peril business (gross premiums) EXCEPT for premiums from entities in which the agency or one of the agency principals owns more than 10% interest. Refer to questions 15 and 16. An endorsement is available to cover these exposures.

Question 7.a.: Count each staff person once. **Do not** leave the owners, officers, partners line blank. If an owner/officer is also an agent, count

that person(s) on the owner/officer line.

Question 7.b. through 7.d.: Please indicate percentages, **not** number of staff members.

Question 8.a.: Column 1 must total 100%. Column 2 must also total 100%. Please use whole percentages. If less than 1% of the agency's book is written in a particular area, please round up to 1%.

Question 8.d. Please answer this question to describe the agency's **entire** book, not just out of state policies.

Question 9.a.: Keep in mind that the P/C volume indicated on line 6a must equal or exceed the total provided in question 9a.

Question 9.b.(1): Knowing the AM Best ratings of your carriers is a good practice and the information is free. Go to www.ambest.com to determine the rating of your carriers.

Also, non-admitted carriers are easy to distinguish from admitted carriers because an excess and surplus tax must be paid on the gross premium of all non-admitted carrier business.

Question 10.a.(1): "Direct with Carriers" means that part of your business for which you are directly appointed with the carriers.

Question 10.a.(2) through 10.a.(7) and 10.b.: The percentages provided on these 6 lines must correspond to the business volume reported in question 10b.

Questions 11 through 14: Provide detailed explanation for a "yes" response. For each item that does not apply to your agency, check "no". Please do not leave any blank.

Questions 18 through 30: Provide explanation to any "yes" response provided.

Once all is completed please attach all supplemental questionnaires and send to:

Insurors of Tennessee
attn: Kathy Hawkins
2500 21st Avenue South, Suite 200
Nashville, TN 37212

NOTES:

