

INSURANCE AGENT'S UMBRELLA QUICK QUOTE
(to be submitted in conjunction with copy of underlying E&O application)

Applicant Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Contact Name: _____
Phone: _____ **Fax:** _____ **E-mail:** _____

Total # of *Full Time Staff: _____ *Full Time Staff includes owners, officers and partners
Total # of **Part Time Staff: _____ **Part Time staff work less than 20 hours per week

Agency Total Premium Volume: \$ _____
Agency Total Gross Annual Commission Income: \$ _____

Commercial Umbrella Limit of Liability Desired

\$1M \$2M \$3M

Identify the percentage of total premium in the following lines of business

Flood _____% **Medical Malpractice** _____% **Coastal Property** _____%

Underlying Coverages and Premium Information

Agents E&O: Carrier: _____ Each Claim Limit: _____ Aggregate Limit: _____
 Premium: _____ Policy Term: _____

Liability: Check policy type: **Commercial General Liability** **Businessowners (BOP)**
Carrier: _____ Each Occurrence Limit: _____ Premium: _____ Policy Term: _____

Automobile: Check If Commercial Auto is Hired and Non-Owned Liability only (no owned vehicles),
Carrier: _____ Each Accident Limit: _____ Premium: _____ Policy Term: _____
Total Number of Vehicles _____

Quote is subject to approved underlying E&O carriers. Any price comparison received is an indication only and is not a binding quotation, nor does it obligate the carrier to offer coverage. An actual quote may vary based upon completion of a signed application. No coverage is bound until coverage is accepted by the carrier. Note: If quote is accepted, Penn National must receive the completed submission including application, underlying dec pages, and other required information within 10 days of quote acceptance, or quote may be void.