

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

## OFFICE PROCEDURES SUPPLEMENT FOR INSURANCE AGENTS & BROKERS APPLICATION

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

1. Please attach a detailed description of your diary system.
2. Please describe procedures for handling incoming mail: \_\_\_\_\_
3. Do you have a form and/or procedure for making a written record of all business-related telephone conversations and require that all employees follow that procedure? [ ] Yes [ ] No.
4. Do you maintain a policy expiration list (including Direct Bill) and make certain all policies are reviewed and replaced at expiration? [ ] Yes [ ] No.
5. a. Are verbal binders given? [ ] Yes [ ] No. If yes, how and when are verbal binders confirmed in writing? \_\_\_\_\_  
(Please attach specimen binder.)
- b. How and when is the company notified? \_\_\_\_\_
6. Do you confirm to the Insured, in writing, all declinations of coverage? [ ] Yes [ ] No
7. Do you check all policies and endorsements for accuracy and completeness before mailing? [ ] Yes [ ] No
8. Do you check all notices of cancellations to assure compliance with policy cancellation conditions and statutory requirements? [ ] Yes [ ] No
9. Do your files document the need to notify regulatory agency, mortgagee, certificate holder or others of cancellation? [ ] Yes [ ] No
10. Do you identify for special handling all monies due Assigned Risk or other pool plans? [ ] Yes [ ] No
11. Do you conduct credit checks or other investigation of new clients? [ ] Yes [ ] No
12. Are credit and other investigations made in compliance with the provisions of the Fair Credit Reporting Act? [ ] Yes [ ] No
13. How are staff members kept informed of changes in legislation, regulations and procedures that might affect your firm, clients or their insurance carriers? \_\_\_\_\_
14. How do you monitor the solvency and financial condition of the insurers with which you place business and give notice to everyone in the agency of possible insurer financial trouble? \_\_\_\_\_
15. State how and how long records are retained. \_\_\_\_\_
16. What, if any, in-house training do you do? \_\_\_\_\_
17. Do you encourage employees, through incentives, to take outside training courses such as IIA, CPCU, LOMA, etc.? [ ] Yes [ ] No
18. Do you have a formal orientation program for all new employees? [ ] Yes [ ] No
19. Do you have a procedure to provide information to Insureds whose coverage has changed from occurrence to claims made and from claims made to occurrence? [ ] Yes [ ] No
20. Has any principal, solicitor or employee ever had his/her license suspended or revoked or been investigated or disciplined by a state insurance department? [ ] Yes [ ] No. If yes, attach a detailed description.

21. Does the agency have a procedure to verify that its principals are appropriately licensed in all states in which it is doing business? [ ] Yes [ ] No

I understand that the information submitted herein becomes a part of my Insurance Agents & Brokers Errors and Omissions Application and is subject to the same representation and conditions.

Name of Applicant Agency: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date