Russell Bond
Insurance Wholesalers

ESOP™

Data Collection Tool:

This is not an application for coverage. This optional tool helps you gather the information that you will need during the actual account submission process.

Proposed Named Insured: _____

DBA (if any): _____

Contact Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Fax: E-mail:

Retro date (if applicable):_____

Total number of employees: _____ Full-time employees: _____ Part-time employees: _____

Annual gross revenues: _____

Professional Classes: _____

Percentage of total revenues per class: _____

Does any single contract contribute more than 50% of total gross revenues? ☐Yes ☐No

Does the applicant work with technology that supports financial transactions or medical issues? ☐Yes ☐No

Does the organization have any clients with annual gross revenues exceeding $100 million? ☐Yes ☐No

Does the Applicant have a Parent Entity? ☐Yes ☐No

If yes, please provide the following:
Parent Entity Name _____

Does the proposed insured require coverage for additional insureds? ☐Yes ☐No

Does the proposed insured have employees in California? ☐Yes ☐No

If yes, what is the number of full and part time employees in California? _____

Number of involuntary terminations: _____

Does the applicant distribute a written handbook? ☐Yes ☐No

Does the proposed insured lack written procedures for handling employment complaints of discrimination, harassment, or other improper conduct or grievances?

☐Yes ☐No

Does the proposed insured have employees in locations outside of the United States? ☐Yes ☐No

Is the applicant a public company or have an ultimate parent that is a public company? ☐Yes ☐No

With regard to the coverage for which the proposed insured is applying, have any claims been made against any party proposed for coverage within the last five years? ☐Yes ☐No

If "Yes", please provide the following information (use additional sheet if necessary):

	Claim #1
Date claim made:	
Was coverage in force:	
Claimant:	
Defense expenses paid:	
Claim status:	
Description:	
Total claim amount:	
Indemnity paid $:	

Is any party proposed for coverage aware of any fact, circumstance or event which could give rise to a claim? ☐Yes ☐No

If "Yes", please provide the following information (use additional sheet if necessary):

	Circumstance #1
Date of Event	
Coverage Type	
Description	
Potential claimant	
Potential Amount	
Party Involved	
Was a Carrier Notified	
Carrier	

During the past five years, has the proposed insured's professional liability coverage been cancelled or non-renewed for a reason other than the insurer withdrawing from a state or no longer providing coverage? ☐Yes ☐No

If Yes, explain:

In the past eighteen months or anticipated in the next twelve months, has the proposed insured been involved in an actual or attempted merger, acquisition or divestiture? ☐Yes ☐No

In the past eighteen months or anticipated in the next twelve months, has the proposed insured been involved in a down sizing action? ☐Yes ☐No