

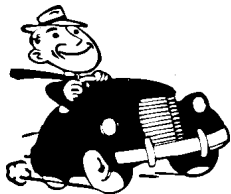
Know that your Big "I" Staff along with this step-by-step guide are here to help, and please, keep in mind that this is a professional liability form. It is to your benefit to see the application is completed neatly and in its entirety!

This guide attempts to answer the most common questions and address the most common application problems.

IMPORTANT!

Although it does not address every last question (many are self-explanatory), **PLEASE COMPLETE ALL QUESTIONS.** Do not leave any question unanswered. **If something does not apply to your agency, please indicate "none" or "n/a" and indicate all estimations as such.**

Again, if you find you still need help, please contact Brenda Kaiser at 800 377-3985 or at 402-476-2951 or via email at brenda.kaiser@biginebraska.org.



Let's Do This!



Questions 1 through 3

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. 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. An Additional Entity Supplement must be completed to make this request.

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. Again, if additional insureds are to be listed, an Additional Entity Supplement must be completed. Contact Brenda Kaiser to obtain supplement.

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

Question 4

4.a. – 4.d. Contact Brenda Kaiser if a supplement is needed for any ‘yes’ response provided.

Questions 6 through 8

6.a. & 6.b. The PC commission reported on line “b” must make sense 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-hail/multi-peril business (gross premiums). Please complete both columns.

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.

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

8.a. Column 1 must total 100%. Column 2 must also total 100%.

8.c. Please answer this question to describe the agency’s entire book, not just out of state policies.

Questions 9 through 10

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

9.b.(1) IIAN has a link on the home page to AM Best’s web-site. Knowing the AM Best ratings of your carriers is a good practice and the information is free. Just go to www.iian.org to find the AM Best link on our home page.

Also, non-admitted carriers are easy to distinguish from admitted carriers because a 3% excess and surplus tax (in Nebraska) must be paid on the gross premium of all non-admitted carrier business.

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

10.a.(2) through 10.a.(4) and 10.b. The percentages provided on these 6 lines must correspond to the business volume reported in question 10b.

Questions 11 through 15

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 16 and 17

Please note that these two questions ask if any entity (not individual) is involved in 10% or greater ownership interest.

Questions 18 through 31

All self-explanatory. Provide explanation to any “yes” response provided in questions #19 through #25. **Please make sure that the application is signed & dated by an owner/officer of the agency with the box checked by the same person directly above the signature.**

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

*Brenda Kaiser
Nebraska Agency Services Corp.
8231-B Northwoods Dr.
Lincoln, NE 68505
Fax – 402-476-1586
brenda.kaiser@biginebraska.org*

*I look forward to your reply, to serving as your agent, and hope you find this guide useful. **Thank you!***

