

5Star Submission Checklist- E&O Program

*Please include this coversheet with each submission



Fax To: 5Star E&O Submission	Email (Preferred) : eando@5starsp.com Fax Number: 866-720-5003
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before faxing or mailing your submission, please use this checklist to ensure you have included all required documentation.

For faster service, please include a copy of this completed form.

Error and Omission Program



Documentation Required

- _____ Signed and Dated Application
- _____ Current valued loss history for 10 years, including current year (valued within 90 days)
- _____ Details of professional service or practice split
- _____ Resumes of principals
- _____ Website address: _____
- _____ Your Producer email address: _____

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-866-879-6565 with any questions.

REFERRAL SOURCE: (For this submission, please indicate how you heard about our program)

- | | | | |
|--|--|------------------------------|------------------|
| _____ ASPN
(Agency Specialty Program Network) | _____ Advertisement | _____ 5StarSP.com | _____ Trade show |
| _____ Web search
(google, yahoo) | _____ Industry Directory
(Programbusiness.com, Insurance Journal) | _____ Referral/Word of Mouth | _____ Other |

IMPORTANT:

Insured's FEIN must be on all applications.

Please send submissions at least 2 weeks prior to policy effective date to allow for quote processing