



INSURANCE AGENTS AND BROKERS APPLICATION

1. Applicant Company Name: _____
 DBA: _____
2. Contact Name: _____
 Phone: _____
 Fax: _____
3. Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip Code: _____
 Type of Business: _____
 Effective Date: _____
 Expiration Date: _____

4. Additional business location:

Location 1

Address 1:	Address 2:	City:	State:	Zip Code:	Gross Annual Premium (Include In Premiums Listed Below):

5. Year Established: _____
 If in operation less than three years, furnish detailed explanation and resume of prior insurance experience.
6. Within the last 5 years have there been:
 a. Changes in applicant firm's name? _____
 b. Changes in firm's ownership? _____
 c. Mergers with/or purchases of other firm's? _____
 d. Cluster arrangements? _____

7. Last 12 Months
- Total P&C gross premiums written annually: \$
- Total gross annual P&C commissions: \$
- Total gross annual Life and A&H commissions: \$
- Total income derived from any source other than sale of insurance (e.g., consulting fees, loss control services): \$

8. List all insurance carriers with whom agency contracts of Applicant Firm have been terminated in the last 5 years. (If none, state "none.") _____

9. a. Do you sell mutual funds? _____
Is Mutual Funds Coverage Endorsement desired? _____
b. Does anyone to be covered by this policy own or have any interest in a securities broker/dealer organization? _____

10. a. Applicant Firm's Percentage of Business by Premium Volume:

*Long Haul Trucking: _____

Workers Compensation: _____

*Crop Coverage/s: _____

*Aviation: _____

*Pollution Liability: _____

**If any of the above marked (*) lines of business is in excess of 5 %
please provide a narrative including carriers, personnel, experience.**

b. Property and Casualty Business Placed As:

Managing General Agent: _____

Reinsurance Intermediary: _____

11. Number of Applicant Firm's Personnel: (Each individual should be counted only once.)

Owners, Officers, Partners: _____

Employee Solicitors, Brokers, Agents: _____

Other Employees: _____

Exclusive Non-employee Producers: _____

Non-exclusive Non-employee Producers: _____

Total Staff: _____

12. a. In the past five years, has the applicant firm placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste and operations? _____

b. In the past five years has the applicant firm specialized in any programs or classes of business? _____

c. In the past five years has the applicant firm placed coverage or had involvement with Self-Insured/Captives, Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? _____

d. Assumed responsibilities to notify its customers' terminated employees of their rights to benefits under COBRA? _____

13. Does the Applicant Firm perform any of the following consulting activities for its customers? If yes, attach resume, promotional material and sample contract.

Reinsurance Intermediary: _____

Third Party Administrator: _____

Claim Adjustment Service: _____

Financial Planning: _____
 Registered Investment Advisor: _____
 Safety and Engineering Service: _____
 Actuarial Services: _____
 Tax Adviser: _____
 Risk Management: _____
 Loss Control: _____
 Data Processing Consulting: _____
 OSHA/OSHA (Inspection/Compliance): _____
 Legal Adviser: _____
 Human Resources: _____
 Expert Witness: _____
 Bank or Savings and Loan: _____
 Mortgage/Mortgage Service Facility: _____
 Real Estate: _____
 Other: _____

14. Does the applicant firm place insurance coverage on any entity in which the applicant firm has an ownership interest or for any for-profit entity in which an insured is an owner, officer, partner member or employee of the applicant firm is an officer or director? _____
15. Does anyone to be covered by this policy own or have any interest in a securities broker/dealer organization? _____

16. Insurance History

Name of Insurer:	Effective Date:	Expiration Date:	Limits of Liability:	Deductible/Retention:	Premium:
				\$	\$

General Information

17. Policy Number: _____
18. Policy Form: _____
19. Limits Desired: _____ Deductible Desired: _____

20. Please Include:

Applicant Firm's Letterhead and any business brochures.

- A. Resumes of the Applicant Firm's principals or key personnel.
- B. Applicant's most recent financial statement.
- C. Complete copy of the Applicant current policy.
- D. A copy of the Applicant's standard contract or agreement.

