

Agency Questionnaire

General Agency Information	
Agency Name	
Principal Name	
Mailing Address	
Location Address	
Website Address	
Phone	
Fax	
Email Address	
Will this be considered a master agreement that covers all of your office locations?	
If there is any specific office that will not be covered under the master agreement please list.	
Federal Tax Identification #	

Banking Information	
Internal Accounting Contact	
Name of Bank	
Address & Contact of Bank	
Are all Premiums kept in a Fiduciary Trust Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounting Information Contact Name: Contact E-mail: Contact Phone #:	

Insurance and Back Ground Information	
Does your agency carry Errors & Omissions Insurance Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency carry Fidelity Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of your agency principals filed for, or been discharged from any bankruptcy, insolvency, or assignment for the benefit of creditors with a filing or discharge date, whichever is later within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any principals or employees of your agency been convicted, plead guilty, or plead no contest to any misdemeanor involving dishonesty or breach of trust within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any principals been convicted, plead guilty, or plead no contest to any felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any principals or employees had their insurance license revoked by or surrendered to any state insurance regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Available Programs / Companies	
Staffing / Contacts: Accounting Producers CSR's Office Manager	
List States with Current License (Attach copies of all current licenses)	
Organizational Memberships	
Type of business write:	

Attachments- Please include copies
Signed and fully executed copies of Producer Agreement Errors & Omissions Declarations Page Copy of Insurance Licenses W-9

Principal Signature: _____ Date: _____