

**BROKER QUESTIONNAIRES:**

**Company Name :** \_\_\_\_\_

**Owner Name :** \_\_\_\_\_

**Telephone # :** \_\_\_\_\_ **Fax # :** \_\_\_\_\_

**E-Mail Address :** \_\_\_\_\_ **No. of Years in the industry:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Licensed in (Type and State)**  
**Please provide us a copy of your broker license.**

**E & O Coverage :** \_\_\_\_\_  
**Please provide us a copy of your policy.**

**Estimate of Agency Annual Premium**  
**(Personal Line)** \_\_\_\_\_ **(Commercial)** \_\_\_\_\_

**Classes of business:** \_\_\_\_\_  
\_\_\_\_\_

**Direct Insurance Company Markets :**  
\_\_\_\_\_

**Comments :** \_\_\_\_\_

**Broker's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_