

AGENCY QUESTIONNAIRE

Agency Name: _____

Agency Address: _____

Mailing Address (If different than above): _____

Telephone Number: _____ Fax Number: _____

Website: _____ Email Address: _____

Principal's License #: _____ Expiration Date: _____

(Attach Copies of State P&C Agency & Individual Insurance Licenses)

Corporation Partnership Individual

Agency Federal Tax ID Number: _____

Year Business Established: _____

States where licensed: _____

List All Branch Offices: _____

Has any license of agency or principle ever been revoked or suspended? Yes No

If "Yes", please explain. _____

INFORMATION NEEDED

#1. PLEASE SUBMIT A COPY OF YOUR AGENCY LICENSE AND DECLARATION PAGE OF E&O POLICY.