



AGENCY DATA FORM

Agency Name		Fax No.:		Phone No.:	
Street Address					
City:		County:		State:	
Zip Code:					
New Agency:					
Agency Name Change?:		If Yes, Former Name):			
Social Security or Tax Number:					
FOR COMPANY USE ONLY		Town:	Central	Individual	
Appointment Date:			Suburban	Partnership	
Broker Code No.:			Other	Corporation	

PERSONNEL

Office Personnel:	Email Address	Years in Business	Licensed	Agent/Broker License #:

Bank Name:		Address:		Date Account Opened:		
Has any Principal(s) been directly involved in personal or corporate bankruptcy/judgment within the past 5 years?					Yes	No
If yes, Please Explain:						

Do you have a Non-Resident License?	Yes	No
If Yes, in what states?:		
Population:		Fire Protection:
Possible risks requiring quotes:		
Does agency specialize in any specific class of business?		

POSITION AND LOSS RATIO

Top 3 companies presently represented in order of volume:	
Company	Loss Ratio for Past 3 Years
1)	1)
2)	2)
3)	3)



Insurisk Excess & Surplus Lines

Have any companies recently cancelled because of loss ratios of any other reason?:				Yes		No	
If Yes, Please explain in detail							
Do you hold an Excess & Surplus Lines Brokers License:				Yes		No	
If Yes, Please give license number:							
Do you have a current Errors & Omissions policy:				Yes		No	
If Yes, Please answer the following:							
INSURED NAME:							
E&O CARRIER:							
POLICY NUMBER:							
EFFECTIVE DATE:		POLICY LIMITS:					
DEDUCTIBLE AMOUNT:		EXPIRATION DATE:					
Date:		Prepared by:					