



Broker Application

Please type or print your answers. Use a separate answer sheet if necessary.

A. Background

1. Name of firm

2. Country

3. Principal Address

4. Telephone Fax

5. Email

6. Website

7. Type of firm (check one) Corporation Partnership Individual

8. Year Business Established

9. During the past (5) years has the firm changed names or acquired/merged with another firm ?
Yes No If yes, explain

10. Is the firm currently engaged in, owned or controlled by any other business interest?
Yes No If yes, explain

B. Principals and Personnel

Name	Title	Years in Insurance	% of Ownership

C. Licensure and Primary Business Partners

1. State License #:

(Please attach copy of broker license and errors & omissions coverage):

2. List primary insurance carriers with whom you do business:

Name	Line of Business

3. Please provide total gross premiums written annually (cargo only)

in last 12 months \$ estimate next 12 months \$

I verify that the information contained herein is true and that I am a licensed insurance broker in good standing with the regulatory authorities.

Signed By _____

Date _____