



Broker Application

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

A. Background

1. Name of firm	<input type="text"/>		
2. Country	<input type="text"/>		
3. Principal Address	<input type="text"/>		
4. Telephone	<input type="text"/>	Fax	<input type="text"/>
5. Email	<input type="text"/>		
6. Website	<input type="text"/>		
7. Type of firm (check one)	Corporation <input type="radio"/>	Partnership <input type="radio"/>	Individual <input type="radio"/>
8. Year Business Established	<input type="text"/>		
9. During the past (5) years has the firm changed names or acquired/merged with another firm ?			
Yes <input type="radio"/> No <input type="radio"/> If yes, explain	<input type="text"/>		
10. Is the firm currently engaged in, owned or controlled by any other business interest?			
Yes <input type="radio"/> No <input type="radio"/> If yes, explain	<input type="text"/>		

B. Principals and Personnel

Name	Title	Years in Insurance	% of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 _____