



# N-Surance Outlets, Inc.

P. O. Box 2600 • Roswell, Georgia 30077-2600  
(770) 971-9975 • (800) 366-1450 • Fax (770) 971-7608

## BROKER QUESTIONNAIRE

### GENERAL INFORMATION

Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Main Contact Person \_\_\_\_\_

E-mail address for Main Contact Person \_\_\_\_\_

### AGENCY BACKGROUND INFORMATION

Year firm was established \_\_\_\_\_ Type of Ownership \_\_\_\_\_  
(corporation, partnership, individual, LLC, etc.)

Federal Identification Number or Social Security Number \_\_\_\_\_

If the firm has been acquired, merged, or changed names in the past 5 years, please explain:

\_\_\_\_\_

If the firm is owned by, affiliated with, or controlled by another business, please explain:

\_\_\_\_\_

### AGENCY PERSONNEL

Staff Counts:

Owners and Principals	_____
Producers	_____
Marketing	_____
CSR's	_____
Clerical	_____
Other	_____
TOTAL	_____

Names of Licensed Individuals in your office:

NAME	LICENSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional space on reverse or another sheet as necessary)

AGENCY OPERATIONS

If business is written in other states, please provide the names, states, and license numbers:

NAME STATE LICENSE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency business is: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_%

Agency business is: Commercial Lines \_\_\_\_\_% Personal Lines \_\_\_\_\_%

Annual Property & Casualty premium volume: \$ \_\_\_\_\_

List Major Carriers in order of premium volume:

STANDARD CARRIERS

BROKERAGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST CARRIERS AND BROKERS THAT HAVE BEEN DISCONTIUED IN THE LAST 5 YEARS

\_\_\_\_\_

FINANCIAL INFORMATION

Accounting address, if different

\_\_\_\_\_

Accounting contact person \_\_\_\_\_

E & O coverage information:

Carrier \_\_\_\_\_ Limit \_\_\_\_\_

Policy Number \_\_\_\_\_ X-Date \_\_\_\_\_

PLEASE ATTACH A COPY OF THE CURRENT DECLARATIONS PAGE

If any member of your firm received any type of disciplinary action by a state regulatory authority, please explain

\_\_\_\_\_

If there are or have been pending litigation or judgments against the firm in the last 5 years, please explain

\_\_\_\_\_

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN HEREIN ARE TRUE, COMPLETE, AND ACCURATE WITH NO MISREPRESENTATIONS, OMISSIONS, OR CONCEALMENT OF ANY MATERIAL FACT.

Signature and Title of Applicant \_\_\_\_\_

Date \_\_\_\_\_