Shelly, Middlebrooks & O'Leary, Inc.

BROKERAGE QUESTIONAIRE

AGENCY NAME: AGENCY LICENSE NUMBER:

STREET NAME:

MAILING ADDRESS:

TAX ID NUMBER: AREA CODE/PHONE NUMBER: FAX NUMBER:

WEB SITE: EMAIL ADDRESS:

EMAIL ADDRESS: EMAIL ADDRESS:

CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ OTHER ☐

NUMBER OF YEARS IN BUSINESS UNDER THIS NAME: _____

NUMBER OF YEARS IN BUSINESS UNDER PRIOR NAME (PROVIDE PRIOR AGENCY NAME): _____

GIVE THE FOLLOWING INFORMATION AS TO PRINCIPALS OF AGENCY:

A. _____ _____ _____ _____
(Owner or Officer) (Title) (License#) (% Ownership)

_____ _____
(Home Address) (Telephone Number)

B. _____ _____ _____ _____
(Owner or Officer) (Title) (License#) (% Ownership)

_____ _____
(Home Address) (Telephone Number)

C. _____ _____ _____ _____
(Owner or Officer) (Title) (License#) (% Ownership)

_____ _____
(Home Address) (Telephone Number)

CURRENT LICENSE INFORMATION FOR ALL LICENSED STAFF

PRIMARY AGENT_____LICENSE NUMBER _____

2. _____LICENSE NUMBER _____

3. _____LICENSE NUMBER _____

4. _____LICENSE NUMBER _____

*Include photocopies of current 2-20 license(s) for all Agents.

PRINCIPAL COMPANIES NOW REPRESENTED ON A DIRECT BASIS

NAME	DATE APPOINTED	LAST YEAR'S VOLUME	LOSS RATION
1.			%
2.			%
3.			%

NAME OF BANK: ADDRESS: CITY: STATE: ZIP:

PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG:

FAIA_____ PIA_____ S.I.A._____ ( ) OTHER _____

1. Has any company cancelled your agency contract in the last three years? Yes_____ No_____

If so, give details: _____

_____

_____

2. Have you or any employee of the applicant Broker ever been requested to appear in court, before any public official, before a committee or any professional or business organization, or otherwise, because of criticism of any conduct relating to insurance? Yes_____ No_____ If yes, explain nature of each criticism and outcome of each action, appending separate statement.

3. Has a license pertaining to any type of insurance-related activity and held by you or any employee of the applicant Broker ever been revoked, suspended, or withdrawn by action of any regulatory authority? Yes_____ No_____ If yes, explain fully, appending separate statement.

4. Has a license pertaining to any type of insurance-related activity and help by any person, partnership or organization with which you or any owner or officer of the applicant Broker has been affiliated been revoked, suspended, or withdrawn by any regulatory authority during the time of your affiliation? Yes_____ No_____ If yes, explain in full, appending separate statement.

5. Have you or any employee of the applicant Broker ever been fined, disciplined, admonished, or ordered to discontinue a business practice or conduct by any regulatory authority or other public official or court? (Do not include motor vehicle traffic, parking, or speeding violations.) Yes_____ No_____ If yes, explain in full, appending separate statement.

6. Have you or any employee of the applicant Broker ever been requested to appear in court, before any public official, before a committee or any professional or business organization or otherwise, because of criticism of any conduct not relating to insurance? (Do not include motor vehicle traffic, parking or speeding violations.) Yes_____ No_____ If yes, explain nature of each criticism and outcome of each action, appending separate statement.

INSURANCE AGENTS ERRORS AND OMISSIONS? Yes_____ No_____

CARRIER: POLICY NUMBER: POLICY PERIOD: LIMIT:

*Include photocopy of Errors & Omissions Daily.

EXCESS & SURPLUS LINES BROKERS YOU CURRENTLY USE:

_____

_____

_____

COMMERCIAL LINES VOLUME YOU PLACE IN E & S MARKETS: _____

ANNUAL VOLUME YOU WOULD PLACE WITH SHELLY, MIDDLEBROOKS & O'LEARY, INC. PLEASE BREAK DOWN, GENERALLY, BY CLASS SUCH AS COMMERCIAL AUTO, GENERAL LIABILITY, COMMERCIAL FIRE, PERSONAL LINES, ETC.

_____

_____

_____

SPECIAL NOTE

"In making this application, it is understood that an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation."

APPLICANT'S SIGNATURE

_____ TITLE _____ DATE _____