



Appointment Questionnaire

- 1) Type of organization: Retail _____ Wholesaler _____
- 2) Legal Name of Firm: _____
Other Names/DBA: _____
- 3) Address: _____

- 4) Telephone: _____
- 5) Fax: _____
- 6) Web site address: _____

7) Key contacts in firm:

Name	Title	Telephone #	E-mail address

8) List all office locations to be included for contract consideration:

- 9) Structure: Corporation _____ Fed. Taxpayer ID: _____
Partnership _____
Individual _____

10) Total # of Employees: _____ Total # of Producers: _____

11) Date the firm was established: _____

12) During the past 5 years, has the firm acquired/merged with another firm, or has the firm changed names? _____ Yes _____ No

13) Current Total of Commercial Premium: _____

14) Percentage of Commercial Premium allocated to wood/hardware: _____

15) Number of Commercial Accounts allocated to wood/hardware: _____

16) Top Commercial P & C Markets used for wood/hardware accounts:

Carrier Name	Years Represented	Current Year Written Premium	Prior Year Written Premium	3 Year Loss Ratio

17) Name of Surplus Lines license holder (s), if applicable:

18) Has a license of the firm or any licensed member ever been revoked or suspended? _____

If so, please describe in detail: _____

19) Has the firm or any member of your firm received any disciplinary action by a State Insurance Department or other regulatory authority? _____ Yes _____ No

If Yes, please explain: _____

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Name of Applicant (printed): _____ Date: _____

Signature of Applicant: _____ Title: _____

E-Mail Address: _____

Documents needed prior to contraction:

- Copy of E & O Certificate of Insurance
- Copies of all current licenses (resident/non-resident/surplus lines)
- Organization chart (if available)
- Completed W-9 Form