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## Agency Questionnaire

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

SOLE PROPRIETOR (SOC #: \_\_\_\_\_)

CORPORATION/LLC  PARTNERSHIP Tax Identification # \_\_\_\_\_

Commissions and invoices sent to Billing/Mailing Address YES NO

Address if different: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

How many locations does the agency have? \_\_\_\_\_ (please attach list of additional locations)

How did you hear about us?  Internet  Direct Mailer  Tradeshow  
 Referred (by whom \_\_\_\_\_)  Print Advertisement

Principal Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Commercial Lines Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Lines Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Licenses: (please include copy of agency license and affiliation certificates)

E&O Carrier/Policy#: \_\_\_\_\_ (please include copy)

States licensed to conduct business in: \_\_\_\_\_