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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: _____