

AGENCY QUESTIONNAIRE FORM

Firm Information

Legal Agency Name:

Street Address:

City, State, and Zip Code:

Phone:

Fax:

Web Site:

Tax ID# or SS#:

D&B D-U-N-S Number #

of Employees:

Date Organized

Type of Organization:

During the past five (5) years, has the firm acquired/merged with another firm, or has the firm name changed?

Yes No

If yes, please explain:

Is producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest?

Yes No

If yes, please explain:

Principals and Staff

Principal(s)/Partners/ Owners	% of ownership	Title/ Position	E-Mail

(If more, please list on a separate piece of paper)

Principals and Staff (cont')

Accounting Department Contact:	Title/ Position	E-Mail
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Marketing Department Contact:	Title/ Position	E-Mail
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Producer(s)	E-Mail	Specialty

Operations

Do you write business outside state of domicile? Yes No

List States with Current License (attach copies of all current licenses.)

State	License #	State	Licenses #

List more on a separate piece of paper

Do you maintain E&O coverage? Yes No

IF yes, please indicate the following:

Carrier:	Deductible & Limits (1mm min, limit)	Policy #:
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(Please provide copy of declaration page)

Do you maintain Fidelity coverage for all officers and employees? Yes No

IF yes, please indicate the following:

Carrier:	Deductible & Limits (1mm min, limit)	Policy #:
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(Please provide copy of declaration page)

Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority?

Yes No

If yes, please explain:

Name of Bank:

Street Address:

City, State, Zip Code:

Phone:

Additional bank information please list on a separate piece of paper

Do you maintain a Trust Fund for all Premiums and is it separate from any Operating Accounts:

Yes No

If not explain why:

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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.

Signature of Applicant:

(Must be Owner, Partner or authorized Officer)

Name: _____ Title: _____ Date: _____

*REMEMBER TO INCLUDE COPIES OF:
Licenses, Fidelity Declaration Page, and E&O Declaration Page*

*Return to:
Joanne Kehoe
Maximum Independent Brokerage, LLC
222 South Riverside Plaza, Suite 2340
Chicago, IL 60606*

Office use only

Licenses

E&O

E&S

Bank Verification

Dun & Bradstreet: _____

Approval: Yes No _____

Broker Agreement sent ____/____/____

Broker Agreement Received (signed)

Further information / Comments _____
