



# National Insurance Underwriters, Inc. Agency Questionnaire

AGENCY NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 MARKETING EMAIL ADDRESS: \_\_\_\_\_

**DIRECT BILL EMAIL ADDRESS:** \_\_\_\_\_

WHEN WAS AGENCY ESTABLISHED? \_\_\_\_\_ HOW MANY LOCATIONS? \_\_\_\_\_

ARE THEY FRANCHISES?  YES  NO NO. OF EMPLOYEES: \_\_\_\_\_

TYPE OF ORGANIZATION:  INDIVIDUAL  PARTNERSHIP  CORPORATION

TAX ID NUMBER \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ TRUST ACCT. \_\_\_\_\_

BANK NAME & LOCATION \_\_\_\_\_ ACCT. #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DO YOU HAVE E&O?  YES  NO (IF YES, SUBMIT A COPY OF CURRENT DEC PAGE)

1. NAME OF COMPANY \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

2. POLICY NUMBER \_\_\_\_\_

3. LIMITS \_\_\_\_\_ DEDUCTIBLE \_\_\_\_\_

WHAT OTHER BUSINESS DOES AGENCY ENGAGE IN? \_\_\_\_\_

WHAT PREMIUM FINANCE COMPANY DO YOU USE? \_\_\_\_\_

PERCENTAGE FINANCED? \_\_\_\_\_

NAMES OF OTHER INSURANCE COMPANIES NOW REPRESENTING	ADDRESS	LICENSED?	
		YES	NO
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

	VOLUME LAST YEAR	ANTICIPATED VOLUME
PRIVATE AUTO	_____	_____
COMMERCIAL AUTO	_____	_____
HOMEOWNER	_____	_____
MOTORCYCLE	_____	_____
MARINE	_____	_____
COMMERCIAL LINES (GL, Garage, Rest/bars, Contractors, Property)	_____	_____
ANCILLARY PRODUCTS	_____	_____



HAS THE APPLICANT OR ANY OF THE PRINCIPAL(S) OR AGENTS:

YES NO

EVER BEEN BONDED?  YES  NO

EVER BEEN REFUSED A SURETY BOND?  YES  NO

EVER BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY FELONY, MISDEMEANOR, EXCEPT MINOR TRAFFIC OFFENSES?  YES  NO

EVER BEEN KNOWN PERSONALLY BY ANOTHER NAME OR HAVE CONDUCTED BUSINESS OR BANK ACCOUNTS IN ANY OTHER NAME?  YES  NO

EVER BEEN REFUSED AN INSURANCE LICENSE IN ANY STATE?  YES  NO

DO YOU HAVE A DEBIT BALANCE WITH ANY INSURANCE FIRM?  YES  NO

(IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES," ATTACH A WRITTEN EXPLANATION)

LIST ALL PARTNERS, OFFICERS, OWNERS AND LICENSED AGENTS:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ HOME TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SS NO. \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ HOME TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SS NO. \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ HOME TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SS NO. \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DOB \_\_\_\_\_

PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED:

(a) ACCOUNTING \_\_\_\_\_  
 (b) UNDERWRITING \_\_\_\_\_  
 (c) CLAIMS \_\_\_\_\_



GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF FOUR BUSINESS REFERENCES IN THIS CITY OR STATE, WHOM WE MAY CONTACT. (NO RELATIVES PLEASE)

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SPECIAL NOTICE**

“IN MAKING THIS APPLICATION, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER/CRIMINAL REPORT MAY BE PREPARED. THE INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GNEERAL REPUTATION, AND PERSONAL CHARACTERISTICS. YOU HAVE THE RIGHT TO MAKE WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.”

X  
 \_\_\_\_\_  
 APPLICANT'S SIGNATURE TITLE DATE

HOME OFFICE USE ONLY		
X		
APPROVED BY	DATE	AFFINITY CODE
COMMENTS:		

**PLEASE ATTACH COPIES OF AGENT & AGENCY LICENSES AND CURRENT E&O DEC PAGE**