

**PROPERTY AND CASUALTY
AGENT QUESTIONNAIRE**

AGENT NAME: _____

SOCIAL SECURITY NUMBER: _____

CORPORATE NAME: _____

FEDERAL TAX I.D. NUMBER: _____

MAILING ADDRESS, TELEPHONE AND E-MAIL ADDRESS:

Street Address P.O. Box Number

City State Zip Code

Home/Cell No. Office Telephone No.

Fax No. E-mail Address

PREVIOUS ADDRESS FOR THE LAST FIVE YEARS:

Street Address City

State Zip Code Years at this Address

Street Address City

State Zip Code Years at this Address

Street Address City

State Zip Code Years at this Address

Street Address City

State Zip Code Years at this Address

Street Address City

State Zip Code Years at this Address

ARE YOU CURRENTLY LICENSED FOR PROPERTY AND CASUALTY:

Yes No

STATES WHERE LICENSED: _____

LICENSE NUMBER: _____

DO YOU CURRENTLY CARRY ERRORS AND OMISSIONS INSURANCE:

Yes No

If yes, list carrier: _____

HAVE YOU EVER HAD AN ERRORS AND OMISSIONS CLAIM:

If yes, with what company and claim date: _____

Explain cause of claim: _____

**LIST COMPANIES YOU ARE CURRENTLY LICENSED WITH FOR
PERSONAL AND COMMERCIAL LINES:**

Name of Company	Company Reference (Name and Title)
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Telephone No. for Reference	E-mail Address for Reference
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Name of Company	Company Reference (Name and Title)
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Telephone No. for Reference	E-mail Address for Reference
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Name of Company	Company Reference (Name and Title)
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Telephone No. for Reference	E-mail Address for Reference
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Name of Company	Company Reference (Name and Title)
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Telephone No. for Reference	E-mail Address for Reference
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Name of Company	Company Reference (Name and Title)
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Telephone No. for Reference	E-mail Address for Reference
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WHAT IS YOUR CURRENT MONTHLY PRODUCTION:

Personal Lines: _____ No. of Apps. _____ Premium \$ _____

Commercial Lines: _____ No. of Apps. _____ Premium \$ _____

WHAT TYPES OF POLICIES DO YOU MOSTLY WRITE:

Personal Lines: _____; _____; _____;
_____;

Commercial Lines: _____; _____; _____;
_____;

PREVIOUS EMPLOYMENT FOR THE PAST FIVE YEARS:

Name Date Started and Ended

Name Date Started and Ended

Name Date Started and Ended

Name Date Started and Ended

Name Date Started and Ended

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR HAD YOUR LICENSE REVOKED?

Yes No

If yes, please explain _____

PERSONAL REFERENCES (Include at least one in the insurance business):

Name Telephone No. E-mail Address

Name Telephone No. E-mail Address

PROFESSIONAL REFERENCES:

Name Company

Telephone No. for Reference E-Mail Address for Reference

