

MUTUAL INSURANCE SERVICES



MAKING INSURANCE SIMPLE

PO Box 6109 - Federal Way, WA 98063-6109

(800) 247-5851 phone - (877) 329-9647 fax

www.mutualins.com

BROKER APPLICATION

Information about your agency:

Complete Legal Name: _____
 DBA Name: _____
 Business Address: _____
 City, State, Zip: _____
 Mailing Address: _____
 City, State, Zip: _____

Year Established: _____ Type of Agency: _____
 Tax ID#: _____ Corporation _____ Other (please explain) _____
 Telephone No: _____ Individual _____
 Fax No: _____ Partnership _____
 Website: _____ LLC _____
 Correspondence Preference _____ E-mail _____ Fax _____ Mail _____

Information about your ownership:

Are you a privately held firm? _____ YES _____ NO Are you a publicly held firm? _____ YES _____ NO

If private, please list all owners:

Name	% of Ownership	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If public, please indicate names of managing officer(s)

Name	Title
_____	_____
_____	_____
_____	_____

Are any owners or officers involved in any other insurance related, or other business operations? (if yes, please provide details) _____

Has the agency, any owner, or officer or key personnel been disciplined by any regulatory agency in the past five years? (if yes, please provide details)

Information about your Staff:

	<u>Name</u>	<u>E-Mail Address</u>	<u>Years of Experience</u>
Office Manager:	_____	_____	_____
Commercial Manager:	_____	_____	_____
Personal Lines Mgr:	_____	_____	_____
Accounting Manager:	_____	_____	_____
Sales Manager:	_____	_____	_____
Marketing Manager:	_____	_____	_____
Claims Manager:	_____	_____	_____
Other: (specify)	_____	_____	_____
Number of Employees: _____ Number of Producers: _____ Number of CSR's: _____			

Information about your book of business:

	<u>Current year</u>	<u>Last year</u>
Agency Volume:	_____	_____
Commercial Lines:	_____	_____
Personal Lines:	_____	_____
Other:	_____	_____
Total:	_____	_____
% of Business with Standard markets? _____		
% of Business with E&S markets? _____		
Please list all states from which you may be submitting business. A valid resident or non-resident license must be provided for each state.		

Please list any areas of specialization for your agency (class of business, industry group, line of coverage):		

Information about your Markets:

<u>Top 3 Standard Carriers</u>	<u>% Commercial</u>	<u>% Personal</u>	<u>Premium Volume</u>
<u>Company</u>	<u>Lines</u>	<u>Lines</u>	

<u>Top 3 Wholesale Brokers/MGAs</u>	<u>% Commercial</u>	<u>% Personal</u>	<u>Premium Volume</u>
<u>Company</u>	<u>Lines</u>	<u>Lines</u>	

Information about Associations that you belong to:

Name of Organization	State	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information about your Errors & Omissions Coverage:

Carrier: _____	Limit: _____	Deductible: _____
Expiration Date: _____	Retroactive Date: _____	Policy Number: _____

Attachments required for review by Mutual Insurance Services:

Please include the following additional information:

- 1) Copy of your current Errors & Omissions declarations page.
- 2) Copy of resident and non-resident licenses.
- 3) Staff listing, including title, phone numbers and email addresses.

If your agency has been in business for less than three years, please provide resumes of all owners and a narrative regarding your business plan.

The undersigned declares that the answers provided in this Broker Questionnaire are true and complete with no misrepresentations, omission or concealment of fact.

Broker questionnaire completed by: _____

Signature

Printed or typed Name

Title

Date

Reviewed and Approved By: (FOR MIS USE ONLY)

Person Reviewing: _____	Date Approved: _____
Comments:	

