



2824 Cottman Ave Ste 14
 Phila, PA 19149
 O: 267-295-4701
 F: 267-2834972
www.PhoneOpsInsurance.com

Agent - Agency Profile

Agent - Individual Information

Name: Address:

City: State: Zip: County:

Phone: SS#: DOB:

E-mail:

Agency - Company Information

Name: Address:

City: State: Zip: County:

Phone: E-mail:

Fax: Tax ID#: Start Date:

Website:

Principal Information

| <u>Name of Principal</u> | <u>Title</u> | <u>Ownership</u> |
|---|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <i>Total Percentage must equal 100%</i> | | |

Principal Information

| Number of Principals: <input type="text"/> | <u>Name of Principal</u> | <u>Title</u> |
|--|--------------------------|----------------------|
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

License Information

| <u>Agent License(s):</u> | | <u>Agency License(s)</u> | |
|----------------------------|-------------------------------|----------------------------|-------------------------------|
| State <input type="text"/> | License# <input type="text"/> | State <input type="text"/> | License# <input type="text"/> |
| State <input type="text"/> | License# <input type="text"/> | State <input type="text"/> | License# <input type="text"/> |
| State <input type="text"/> | License# <input type="text"/> | State <input type="text"/> | License# <input type="text"/> |



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Current Carrier Information

Top 3 Carriers represented:

1. 2. 3.

Top 3 Wholesalers/Aggregators represented:

1. 2. 3.

Top 3 Classes (*or lines of business*) you specialize in:

1. 2. 3.

Eligibility Questions

| Answer "Yes" or "No" for each question below | YES | NO |
|--|--------------------------|--------------------------|
| Has any member of the firm received disciplinary action by a state or had an insurance license suspended or revoked? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the firm ever had an agency contract canceled by a company? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your Brokerage had its contract withdrawn by a company that alleged premiums were not paid when due or were not properly account for? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have there been any Errors & Omissions (E & O) claims made against your agency, partners, officers, owners, or producers in the past five (5) years? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there currently any open liens levied against your agency and/ or partners, officers, or owners? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you, your partners, officers, owners or producers ever been convicted of a felony or misdemeanor? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is any business developed by Brokerage on a Wholesale basis? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your brokerage lack any license required by law in any applicable Jurisdiction? If so, explain: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |