

PROSPECTIVE AGENCY QUESTIONNAIRE

Please answer all questions completely. Please attach additional page(s) if necessary.
Completion of this application does not constitute an appointment with Colony Insurance.
 Submissions will not be accepted until you are contacted and the appointment process has been completed.

I. GENERAL INFORMATION

1. Name of Agency: _____ Agency Code : _____ (Colony use only)
2. Physical Address: _____
 City: _____ State: _____ Zip: _____ County: _____
3. Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____
4. Agency contact who will sign the agency agreement: _____ Title: _____
5. Telephone: _____ Fax: _____
6. Business Type: Corporation Partnership Individual Other (Explain): _____
7. E-mail Address: _____ 8. Website: _____

II. LICENSING INFORMATION (MANDATORY)

1. Agency FEIN# _____
2. How is your agency licensed? (i.e., excess and surplus lines broker, reinsurance intermediary, or other insurance or reinsurance organization)

3. Agency Licensing Contact (contact for inquiries regarding surplus lines tax payments, license information, etc.)
 Name: _____ Phone: _____ Email: _____
4. **Corporate** License Information:
Resident Surplus Lines Broker License Number: _____

Non-Resident Surplus Lines Broker License Numbers:

State	License #	State	License #	State	License #

5. **Individual** License Information:

Individual **Resident** Surplus Lines Broker License Numbers:

Individual's Name	State	License #	Individual's Name	State	License #

Individual **Non-Resident** Surplus Lines Broker License Numbers:

Individual's Name	State	License #	Individual's Name	State	License #

III. BACKGROUND & CURRENT OWNERSHIP

- Year agency established: _____
- During the past (5) years has the agency acquired/merged with another firm, or has the agency changed names? Yes No
 If yes, please explain: _____

- Has the agency ever operated under another name as a wholesale broker/agent? Yes No
 If yes, please list previous name(s): _____

- Is the agency engaged in, owned by, affiliated with or controlled by any other business interest? Yes No
 If yes, please explain: _____

- Are you a member of: NAPSLO? Yes No AAMGA? Yes No
 PLUS? Yes No Other? Yes No

VI. PREMIUM VOLUME AND DISTRIBUTION

1. List your agency's total premium volume for the last six (6) years:

Year	Annual Premium Volume	Year	Annual Premium Volume
Current Year			

2. Agency Volume:

Line of Business	Projected GWP with Colony	Current Year GWP	Prior Year GWP
BROKERAGE LINES OF BUSINESS			
Primary Casualty			
Excess Casualty			
Primary Property			
Excess Property			
Inland Marine			
BINDING LINES OF BUSINESS			
Contract			
Garage			
Transportation			
PROFESSIONAL LINES OF BUSINESS			
Other (please specify):			

3. Anticipated volume to Colony will come from following sources:

- a. New business: \$ _____
- b. Transfer from current company in office: \$ _____
- c. Transfer from discontinued company: \$ _____

Explain briefly: _____

4. List of Major Carriers:

Name	Years Represented	Annual Volume	Binding Authority

5. Has your agency had any underwriting authority suspended or terminated, or has the agency been canceled by a carrier in the past five (5) years? Yes No

If yes, please explain: _____

6. Name of agency management system: _____

7. Do you deliver company-issued policies electronically? Yes No

8. Do you use DocuCorp? Yes No

If not, how do you deliver policies you issue to companies? _____

9. Key Computer/MIS Contact Name: _____ Contact Phone #: _____

VII. FINANCIAL

1. If financials are not handled by main office, provide address: _____

Name of Accounting Contact: _____

Address: _____

Phone #: _____ Email: _____

2. Bank References:

Name: _____ Trust Account #: _____

Name: _____ Trust Account #: _____

Bank Address: _____

Bank Contact: _____

3. Does your agency maintain fidelity coverage over all offices and employees? Yes No

If yes, please indicate the following:

Insurance Company: _____

Limits: _____

Deductible: _____ Expiration Date: _____

4. Does your agency maintain E&O coverage? Yes No

If yes, please indicate the following:

Insurance Company: _____

Limits: _____

Deductible: _____ Expiration Date: _____

5. Describe any Fidelity or E&O claims in the past five (5) years: _____

VIII. DISCIPLINARY ACTION/ LITIGATION

1. Has any member of your agency received any disciplinary action by a state insurance department or other regulatory authority? Yes No

If yes, please explain: _____

2. Is any member of your agency aware of any pending disciplinary action by a state insurance department or other regulatory authority? Yes No

If yes, please explain: _____

3. Is there any actual, pending or threatened litigation or judgments within the past five (5) years exceeding \$10,000 against your agency, any individual in your agency or any of the principals? Yes No

If yes, please explain: _____

4. Is any member of your agency aware of any circumstances which may reasonably give rise to a claim in the future against that member, any of the principals of your agency, or against the agency? Yes No

If yes, please explain: _____

IX. PLEASE ATTACH THE FOLLOWING:

- Audited Financial statements for the past three (3) years
- A spreadsheet listing all license numbers of State Surplus Lines Licenses & Non-Resident Licenses
- Resume of each of your corporation's officers and its key employees which includes special references to their insurance careers
- Certificates of insurance or copies of the declaration page for E&O and Fidelity coverages
- Current marketing plan specific to the division(s) which you are seeking appointment
- Retail Agent Submission and Payment of Premium Terms
- List of all agency underwriters and brokers that will be submitting business to Colony. Please include email addresses and phone numbers.

X. SIGNATURE

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

Title

Date