



Agency Questionnaire

ALL FIELDS MUST BE COMPLETED TO BE CONSIDERED FOR APPOINTMENT

1	Legal Name of Agency/DBA:				
2	Address: PO Box:		Zip Code:		
	Street:				
	City:	State:	Zip Code:		
3	Phone:	Fax:	Web Site:		
	Please use separate sheet for each additional location.				
4	Agency Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Agency Type: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> GA				
5	Agency Contacts <i>(use additional sheet if necessary)</i>	Position	Email Address (required)		
6	Year Firm Established:	Federal ID # or SSN:			
7	States in which Agency is Licensed <i>(If approved, copies of these documents are required):</i>				
	Agency/Broker License #:	Expiration Date:			
	Surplus Lines License #:	Expiration Date:			
8	Is this Agency engaged in any other business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish details:				
9	Please list Top 5 Companies, Premium, and Loss Ratio within your Agency (MUST BE COMPLETED)				
	Company	Commercial Premium	Loss Ratio %		
			Current	1 YR	3 YR
	1.				
	2.				
	3.				
4.					
10	Total Annual Premium Volume:		Please list Specialty Companies (volume)		
	a. General Commercial	%	a.		
	b. Personal Lines	%	b.		
	c. Other Specialties	%	c.		
11	How did you hear about Red Shield Insurance Company?				
12	Professional "E & O" Liability Coverage <i>(If approved, copy of this document is required, \$1,000,000 Minimum Required):</i>				
	Insurance Carrier	Policy #	Limits of Liability	Expiration	
13	Has any member of your firm received any disciplinary action by a State Insurance Department or other regulatory authority? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain on a separate sheet.</i>				
14	Are there any pending or threatening litigation or judgments within the past 5 years against the agency or principal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain on a separate sheet.</i>				
15					
	Signature of Applicant		Title/Position		
		Date			

Agency Questionnaire

PROVIDE ALL INFORMATION KNOWN AT THE TIME THIS FORM IS COMPLETED.

BACKGROUND QUESTIONS

EXPLAIN ALL "YES" RESPONSES.

1. Have you filed for, or been discharged from any Bankruptcy (including Personal Bankruptcy), insolvency or assignment for the benefit of creditors with a filing or discharge date, whichever is later in the last five years?

Yes No

2. Do you have delinquent unpaid debts exceeding, in total \$10,000? (Total consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments, and other delinquent debt.)

Yes No

3. With the exception of situations specific to continuing education, have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action?

Yes No

4. With the exception of situations specific to continuing education, has your license ever been suspended by, subject to a consent order from, revoked by, or surrendered to, any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization, or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?

Yes No

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes No

6. Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?

Yes No

7. Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any of the previous questions?

Yes No

REMARKS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION HEREIN IS ACCURATE AND COMPLETE. I ACKNOWLEDGE AND AGREE THAT MY APPOINTMENT WILL, IN PART, BE BASED ON THIS AGENCY QUESTIONNAIRE FORM AND BACKGROUND INFORMATION, AND ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION FROM THIS FORM MAY RESULT IN THE WITHHOLDING OR WITHDRAWAL OF ANY OFFER OF APPOINTMENT OR THE REVOCATION OF APPOINTMENT BY THE RED SHIELD INSURANCE COMPANY WHENEVER DISCOVERED.

Print Name	Signature	Date