

# NATIONAL FIRE & INDEMNITY EXCHANGE



## Authorized Independent Agency Application

Name of Brokerage or Agency as Licensed:		Date:					
Address (street, city, state, zip):		Telephone: Fax #: E-Mail:					
Mailing Address or "Trade Name" if Different than above:		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:					
Marketing Area is: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural							
Does the Brokerage or Agency have a written Marketing Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No   Copy Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No							
NAME & TITLE OF ALL PRINCIPALS, PARTNERS & KEY PERSONNEL	LICENSED	YRS. INS.EXP.	D.O.B	COMMENTS LIST DEGREES & DESIGNATIONS ATTAINED			
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>PERSONNEL COUNTS</b>							
OFFICERS & PARTNERS	SALES (EXCLUDING OFFICERS)	TECHINICAL	CLERICAL	TOTAL OFFICE			
<b>DOES THE BROKERAGE OR AGENCY HAVE A DEPARTMENT FOR THE FOLLOWING</b>							
<b>COMMERCIAL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PERSONAL LINES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MARINE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FID &amp; SURETY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>LIFE &amp; A &amp; H</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATA PROCESSING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CLAIMS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ACCOUNTING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
BRIEFLY DESCRIBE BROKERAGE OR AGENCY STRUCTURE INCLUDING WHO PLACES BUSINESS & WHO DIRECTS SALES ACTIVITY:							

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BUSINESS PORTFOLIO		W H O L E S A L E	COMPANY NAME	ANNUAL VOLUME	3 YEAR LOSS RATIO	
TOTAL VOLUME	\$ _____ % STANDARD: _____ % NON-STD: _____		B U S I N E S S			
% COMM PACKAGE: _____	% COMM AUTO: _____					
% HOMEOWNERS: _____	% WC: _____					
% LIQUOR: _____	% OTHERS: _____					
AREAS OF SPECIALIZATION		O T H E R	LINES	ANNUAL VOLUME	%	
TYPE OF BUSINESS CLASS, TARGET MARKET, PROGRAMS	ANNUAL PREMIUM		COMMERCIAL PACKAGE			
DRYCLEANERS & COIN LAUNDRIES			LIQUOR LIABILITY			
			PROFESSIONAL LIABILITY			
			PERSONAL LINES			
			OTHERS			

D I R E C T  B U S I N E S S	INSURANCE COMPANY	# OF YEARS REPRESENTED	% PROPERTY	% CASUALTY	ANNUAL VOLUME	3 YEAR LOSS RATIO	

HAS THE BROKERAGE OR AGENCY ACQUIRED OR MERGED WITH ANOTHER BROKERAGE/ AGENCY IN THE PAST YEAR?
WHAT TYPE OF COMPUTER SYSTEM DOES THE BROKERAGE OR AGENCY HAVE ON THE PREMISES?
IS THE BROKERAGE OR AGENCY INTERFACING WITH ANOTHER CARRIER? IF YES, WITH WHOM AND FOR WHICH LINES?

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AGENCY/ BROKER LEGAL NAME						
AGENCY/ BROKER IDENTIFICATION		TAX ID #		SS #		
MAILING ADDRESS		LOCATION 1		LOCATION 2		
PRE SIDE NT	NAME OF PERSON			C O N T A C T	NAME OF PERSON	
	PHONE NUMBER				PHONE NUMBER	
	FAX NUMBER				FAX NUMBER	
	E MAIL ADDRESS				E MAIL ADDRESS	
A C C O U N T I N G	NAME OF PERSON			U N D E R W R I T E R	NAME OF PERSON	
	PHONE NUMBER				PHONE NUMBER	
	FAX NUMBER				FAX NUMBER	
	E MAIL ADDRESS				E MAIL ADDRESS	
AGENCY OF BROKER URL OR WEBSITE ADDRESS						
NUMBER OF LICENSED AGENTS EMPLOYED						
NUMBER OF AGENTS HANDLING COMMERCIAL LINES						

PERSON COMPLETING APPLICATION FORMS			
NAME		E-MAIL ADDRESS	
PHONE NUMBER		FAX NUMBER	
SIGNATURE:		DATE:	

APPLICATION CHECKLIST	
<input type="checkbox"/>	AUTHORIZED INDEPENDENT AGENCY APPLICATION IS COMPLETELY FILLED AND SIGNED
<input type="checkbox"/>	COPIES OF REQUIRED RESIDENT AND NON-RESIDENT AGENCY OR BROKER LICENSES ARE ATTACHED WITH THE APPLICATION
<input type="checkbox"/>	COPY OF ERROR & OMISSION COVERAGE REQUIRED UP TO \$1,000,000