

**REFERRED BY:** \_\_\_\_\_

**APPLICATION FOR BROKERAGE APPOINTMENT**

*(ANSWER ALL QUESTIONS COMPLETELY. IF A QUESTION DOES NOT APPLY, PLEASE WRITE NONE IN THE SPACE PROVIDED.)*

1. NAME OF FIRM: \_\_\_\_\_

2. PRINCIPAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

3. NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. HAVE THERE BEEN ANY AMALGAMATIONS OR MERGERS IN THE PAST FIVE YEARS? \_\_\_\_\_

5. FIRM IS: ( ) AN INDIVIDUAL SS# \_\_\_\_\_

( ) LLC ( ) CORPORATION ( ) PARTNERSHIP EMPLOYER ID # \_\_\_\_\_

6. NAMES & ADDRESSES OF PARENT & SUBSIDIARY OPERATIONS, AND PERCENTAGE OWNED: \_\_\_\_\_

7. PLEASE GIVE TOTAL NUMBER OF EMPLOYEES: PRODUCERS \_\_\_\_\_ CLERICAL \_\_\_\_\_

8. NAME OF EACH OFFICER OR PARTNER: \_\_\_\_\_

9. WHO IN YOUR AGENCY PAYS YOUR STATEMENT? \_\_\_\_\_

10. NAME & ADDRESS OF BANK: \_\_\_\_\_

11. BANK OFFICER TO CONTACT: \_\_\_\_\_

12. DURING THE PAST FIVE YEARS, HAS THE FIRM'S NAME BEEN CHANGED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

13. IN WHAT GEOGRAPHIC AREA IS THE FIRM'S PREDOMINANT VOLUME GENERATED? \_\_\_\_\_

14. DO YOU SPECIALIZE IN ANY SPECIFIC CLASSES OF BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

15. LIST THREE (3) FARM COMPANIES OR MGA'S WITH WHOM YOU NOW PLACE BUSINESS:  
**ATTACH LOSS RUNS FOR TWO (2) MAJOR MARKETS.**

NAME OF COMPANY/MGA    NO. OF YEARS REPRESENTED    CASUALTY PREMIUM    PROPERTY PREMIUM

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16. LIST THE THREE (3) MAJOR COMPANIES/MGA'S IN WHICH FIRM PLACED MORTALITY INSURANCE LAST YEAR.  
**ATTACH LOSS RUNS FOR TWO (2) MAJOR MARKETS.**

NAME OF COMPANY/MGA    NO. OF YEARS REPRESENTED    MORTALITY PREMIUM

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17. APPROXIMATE FARM & MORTALITY VOLUME WRITTEN THROUGH ALL COMPANIES/MGA'S?

A) FARM: \_\_\_\_\_ B) MORTALITY: \_\_\_\_\_

18. PLEASE PROVIDE A BRIEF STATEMENT AS TO WHAT TYPES OF BUSINESS YOU WILL SUBMIT, QUANTITY AND ESTIMATED PREMIUM VOLUME FOR THE NEXT SIX MONTHS.

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19. HAS THE APPLICANT OR ANY OWNER, OFFICER OR PARTNER BEEN THE SUBJECT OF ANY STATE INSURANCE AUTHORITY'S DISCIPLINARY ACTION? \_\_\_\_\_ IF YES, PLEASE ATTACH A DETAILED DESCRIPTION.

20. HAVE ANY E & O CLAIMS BEEN MADE DURING THE PAST FIVE (5) YEARS AGAINST THE FIRM, THE FIRM'S PARTNERS OR OFFICERS OF THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT PARTNERS OR OFFICERS TO THE KNOWLEDGE OF THE FIRM? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, ATTACH FULL PARTICULARS.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT WITH FREDRICKSEN INSURANCE SERVICES, INC.

NAME OF FIRM: \_\_\_\_\_

SIGNATURE OF OFFICER, PARTNER OF ABOVE INDICATED FIRM:

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR CURRENT E&O DECLARATION PAGE, AGENCY LICENCE AND BROKERS BOND.**