



National Insurance Underwriters, Inc. Agency Questionnaire

AGENCY NAME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE NUMBER _____ FAX NUMBER _____
 MARKETING EMAIL ADDRESS: _____

DIRECT BILL EMAIL ADDRESS: _____

WHEN WAS AGENCY ESTABLISHED? _____ HOW MANY LOCATIONS? _____

ARE THEY FRANCHISES? YES NO NO. OF EMPLOYEES: _____

TYPE OF ORGANIZATION: INDIVIDUAL PARTNERSHIP CORPORATION

TAX ID NUMBER _____

BANK REFERENCE: _____ TRUST ACCT. _____

BANK NAME & LOCATION _____ ACCT. #: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DO YOU HAVE E&O? YES NO (IF YES, SUBMIT A COPY OF CURRENT DEC PAGE)

1. NAME OF COMPANY _____ EFFECTIVE DATE _____

2. POLICY NUMBER _____

3. LIMITS _____ DEDUCTIBLE _____

WHAT OTHER BUSINESS DOES AGENCY ENGAGE IN? _____

WHAT PREMIUM FINANCE COMPANY DO YOU USE? _____

PERCENTAGE FINANCED? _____

NAMES OF OTHER INSURANCE COMPANIES NOW REPRESENTING	ADDRESS	LICENSED?	
		YES	NO
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

	VOLUME LAST YEAR	ANTICIPATED VOLUME
PRIVATE AUTO	_____	_____
COMMERCIAL AUTO	_____	_____
HOMEOWNER	_____	_____
MOTORCYCLE	_____	_____
MARINE	_____	_____
COMMERCIAL LINES (GL, Garage, Rest/bars, Contractors, Property)	_____	_____
ANCILLARY PRODUCTS	_____	_____



HAS THE APPLICANT OR ANY OF THE PRINCIPAL(S) OR AGENTS:

YES NO

EVER BEEN BONDED? YES NO

EVER BEEN REFUSED A SURETY BOND? YES NO

EVER BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY FELONY, MISDEMEANOR, EXCEPT MINOR TRAFFIC OFFENSES? YES NO

EVER BEEN KNOWN PERSONALLY BY ANOTHER NAME OR HAVE CONDUCTED BUSINESS OR BANK ACCOUNTS IN ANY OTHER NAME? YES NO

EVER BEEN REFUSED AN INSURANCE LICENSE IN ANY STATE? YES NO

DO YOU HAVE A DEBIT BALANCE WITH ANY INSURANCE FIRM? YES NO

(IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS " YES " ,

LIST ALL PARTNERS, OFFICERS, OWNERS AND LICENSED AGENTS:

NAME _____ TITLE _____
 HOME ADDRESS _____ HOME TEL # _____
 CITY _____ STATE _____ ZIP _____
 SS NO. _____ PLACE OF BIRTH _____ DOB _____

NAME _____ TITLE _____
 HOME ADDRESS _____ HOME TEL # _____
 CITY _____ STATE _____ ZIP _____
 SS NO. _____ PLACE OF BIRTH _____ DOB _____

NAME _____ TITLE _____
 HOME ADDRESS _____ HOME TEL # _____
 CITY _____ STATE _____ ZIP _____
 SS NO. _____ PLACE OF BIRTH _____ DOB _____

PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED:

(a) ACCOUNTING _____
 (b) UNDERWRITING _____
 (c) CLAIMS _____



GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF FOUR BUSINESS REFERENCES IN THIS CITY OR STATE, WHOM WE MAY CONTACT. (NO RELATIVES PLEASE)

COMPANY NAME _____
 NAME _____ POSITION _____
 ADDRESS _____ TEL # _____
 CITY _____ STATE _____ ZIP _____

COMPANY NAME _____
 NAME _____ POSITION _____
 ADDRESS _____ TEL # _____
 CITY _____ STATE _____ ZIP _____

COMPANY NAME _____
 NAME _____ POSITION _____
 ADDRESS _____ TEL # _____
 CITY _____ STATE _____ ZIP _____

COMPANY NAME _____
 NAME _____ POSITION _____
 ADDRESS _____ TEL # _____
 CITY _____ STATE _____ ZIP _____

SPECIAL NOTICE

“ IN MAKING THIS APPLICATION, IT IS UNDERSTOOD THAT REPORT MAY BE PREPARED. THE INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GNEERAL REPUTATION, AND PERSONAL CHARACTERISTICS. YOU HAVE THE RIGHT TO MAKE WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVE T I

X _____
 APPLICANT'S SIGNATURE DATE

HOME OFFICE USE ONLY		
X		
APPROVED BY _____	DATE _____	AFFINITY CODE _____
COMMENTS:		

PLEASE ATTACH COPIES OF AGENT & AGENCY LICENSES AND CURRENT E&O DEC PAGE