



GENERAL INSURANCE COMPANY

Broker Application

Broker Registration No.: _____	Date: _____
Broker Company Name: _____	
Address: _____ _____	
Contact Name: _____	
Bus: _____	Fax: _____
E-mail: _____	Website: _____

Brokerage Personnel – Please list all officers and partners and attach a current staff listing to application:

Name	Title	Yrs. With Brokerage

Please list any sub-brokers/sub-offices and attach a current staff listing to application:

Gross annual premiums from personal lines business:		
Geographical territories of clientele:		
Type of office automation system you are currently using:		
Errors and Omissions Policy		
Expiry date: _____	Carrier: _____	Limits: _____
Deductibles: _____	Facility Association volume: _____	

Please list main companies represented:

Company Name	YTD Volume	Loss Ratio Current

Please list non-standard automobile companies represented and attach current production reports.

Company Name	YTD Volume	Loss Ratio Current

How do you attract business into your office (i.e. yellow pages advertising, referrals, etc.)

What is the structure for compensation in your office for staff including Producers and Customer Service Representatives?
