



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?
