

AGENCY QUESTIONNAIRE

Please Type or Print

Agency Name _____

Mailing Address _____ Zip _____

Street Address _____ Zip _____

City _____ State _____

Telephone _____ Fax _____

Principal (s)

Name _____ Title _____ E-mail _____

Name _____ Title _____ E-mail _____

Marketing Contacts _____ E-mail _____

_____ E-mail _____

_____ E-mail _____

Product Lines Information

Commercial P & C _____% Personal Lines _____% Benefits _____%

If there is a specialty, please describe the Line (example: Commercial Auto) and Class (example: Dump Trucks).

General Information

Is any business accepted from other retail agencies on a brokerage basis?

If yes, describe (include volume).

Has disciplinary action ever been taken by any Insurance Department? Yes _____ No _____

Has disciplinary action ever been taken by any Company or Wholesaler? Yes _____ No _____

The maker of the foregoing application hereby authorizes Med James, Inc. to confirm all items comprising this application and to conduct or order any investigation deemed necessary to establish credit qualifications. The Undersigned hereby certifies that all information provided is current and factual.

SIGNATURE

TITLE

DATE