



**BACKGROUND INFORMATION:**

AGENCY LEGAL NAME: \_\_\_\_\_

AGENCY DBA NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip County \*

PHONE #: ( ) - \_\_\_\_\_ FAX #: ( ) - \_\_\_\_\_  
Street or P.O.Box City State Zip

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

FEDERAL ID#: \_\_\_\_\_

AGENCY LICENCE #: \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_\_

Legal Entity:  Sole Proprietor  LLC  Partnership  Corporation

Licenses Held: Fire&Casualty: \_\_\_\_\_  
 Surplus Lines: \_\_\_\_\_  
 Life & Health: \_\_\_\_\_  
 Other: \_\_\_\_\_

Please list all principals (even if the principals do not own stock) and/or stockholders, partners, or sole proprietor.)

NAME	TITLE	PARTNERSHIP GEN/LTD	PERCENT OWNED

Does Primary Brokerage have a common ownership interest with other brokerages?

NO  YES (If yes, please complete below for all locations)

Have any principles or licensed staff:

- Been convicted of a felony?  No  YES
- Filed for Bankruptcy?  No  YES
- Have outstanding delinquent debt of \$10,000 or more?  No  YES
- Been the subject of investigation of an insurance authority?  No  YES
- Had an E&O Claim?  No  YES

(Attach details if you checked yes on any of the above)

**\*\*If your agency is located in the following counties please contact us before completing the approval process. 916-941-0518 – Butte, Contra Costa, El Dorado, Placer, Sacramento, San Mateo, Thousand Oaks area of Ventura County.**

Does your agency charge a Broker Fee other than non standard business?

No  YES

Any Additional Locations?  No  YES:

Any areas of Specialization in the Agency?

How did you hear about PIIB?

**Staff Information:**

Number of Licensed Producers	
Number of Licensed CSR's	
Number of Unlicensed Staff	

**CARRIERS REPRESENTED:**

Personal Lines	Total Premium	Commercial Lines	Total Premium

**TERMINATIONS And/OR Probations-LAST 5 YEARS:**

Carrier	When Terminated	Volume still on the books	Reason for Termination

**THIS APPLICATION AND ATTACHMENTS LISTED BELOW WILL BE TREATED AS CONFIDENTIAL WITH THE UNDERSTANDING THAT THE INFORMATION WILL BE SHARED WITH THE BOARD OF DIRECTORS AND WITH INSURANCE COMPANIES WITH WHOM YOU WISH TO BE APPOINTED.**

Completed by: (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Please provide copies of:

1. E&O Declaration page
2. Two years financials – income statements and balance sheets (Two years personal tax returns if you are a start up)
3. Trust Account statements for the last 3 months
4. Bond
5. Agency Bio and Bios of each Principal

To Insurance Companies Represented by: \_\_\_\_\_  
(agency name)

\_\_\_\_\_  
(agency address)

Date:

Our agency is considering affiliating with Pacific Interstate Insurance Brokers. To facilitate the evaluation of our agency I am authorizing you to release premium and loss experience for our agency for the most current period available as well as the last two complete years premium and loss data. Please forward the requested information to [tiffany@piib.com](mailto:tiffany@piib.com), [rachel@piib.com](mailto:rachel@piib.com), or [tracy@piib.com](mailto:tracy@piib.com). Thank you for your assistance.

By \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_