



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

**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 and Temecula area of Riverside County.

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

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
6. Business/Marketing Plan

To Insurance Companies Represented by:

Agency Name:
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, loss experience, and a book profile report for our agency for the most current period available as well as the last three complete years.

Please forward the requested information to tiffany@piib.com, rachel@piib.com or tracy@piib.com. Thank you for your assistance.

By _____
Title _____