

ATLANTIC-PACIFIC INSURANCE BROKERS, INC.

New Agent Questionnaire

Agency Name: _____

Address: _____

Years in Business: _____ Number of Producers: _____

P & C Volume: _____ Life Volume: _____

Standard Carriers: _____ Excess & Surplus: _____

Volume Brokered in: _____

List all companies with Agency or Broker appointments:

Ownership of Agency: _____

What strength do you have to offer Atlantic-Pacific and its members:

What do you expect to obtain from membership in Atlantic-Pacific:

Agency Management System: _____

Number of Staff: _____

Errors & Omissions Carrier _____ Limit: _____

Any E&O claims in the past three years: _____

It is required that Atlantic-Pacific Insurance Brokers, Inc. be named as an Additional Insured on members E&O policies.

It is required that all eligible business be transferred to Atlantic-Pacific companies. Are you willing to move business and give up company contracts that will not appoint Atlantic-Pacific?

What companies do you expect you would need to give up: _____

Signature of Principal: _____ Date: _____