



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

2740 Rt. 10 West, Suite 205
Morris Plains, NJ 07950
(973) 402-1200

BROKER QUESTIONNAIRE

Name: _____

Address: _____

Telephone: (____) _____ Corporation Federal I.D. #: _____

Principals

Percentage of Ownership

Years in Business

Do you have power of attorney for any company? Please list below.

Have you ever had your power of attorney rescinded or revoked? If so, please provide details below.

(Continue on Reverse Side)

<u>Companies Represented</u>	<u>Volume</u>	<u>Company Contact</u>	<u>Telephone No.</u>
_____	\$ _____	_____	(____) _____
_____	\$ _____	_____	(____) _____
_____	\$ _____	_____	(____) _____
_____	\$ _____	_____	(____) _____
_____	\$ _____	_____	(____) _____

PROVIDE VOLUME AMOUNTS AND PERCENTAGES FOR THE PAST THREE YEARS

Year:	_____	_____	_____
Division	% of Vol. Amount	% of Vol. Amount	% of Vol. Amount
Commercial	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Bond	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Personal	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Life	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____

<u>Bonding Companies Represented</u>	<u>Surety Volume</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PROVIDE VOLUME PERCENTAGES IN THE FOLLOWING BONDING CLASSES

General Construction _____ %	Environmental _____ %
Electric _____ %	Subdivision _____ %
Plumbing & HVAC _____ %	License, Permit & Misc. _____ %
Site / Utility _____ %	Other Specialty Trades _____ %

LIST ANY PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG

Once this questionnaire is completed, please return to us along with copies of all principals' licenses and the resume of your key surety individual.

Date _____

Signature of person completing this form

Name: _____