

FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

Request For Agent Appointment Questionnaire

NAME: _____
Last First Middle

RESIDENT INS. LICENSE #: _____ S.S.#. _____ D.O.B. _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

CELL PHONE: _____ BUSINESS PHONE: _____

BUSINESS/AGENCY NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____
If different from above

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

STATES YOU INTEND TO BE APPOINTED IN: _____
Please provide a separate attachment

BROKER QUESTIONNAIRE

Name: _____

Address: _____

Telephone: () _____ Business Federal I.D. #: _____

Principals Percentage of Ownership Years in Business

On separate attachment

List the Principals of the Agency Percentage _____% _____

Do you have a surety power of attorney for any company? Please list the name of each Company on a separate attachment.

Have you ever had your power of attorney rescinded or revoked? If so, please provide details in a separate attachment.

Companies Represented. List on separate attachment, name of company, volume with company, company contact name and telephone number.

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	____%	\$ _____	____%	\$ _____	____%	\$ _____

Bonding Companies Represented on a separate attachment, name of company, volume with company, company contact name and telephone number.

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

List on separate attachment.

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

Date _____

Signature of person completing form

Name: _____