

# SeaCoast

## UNDERWRITERS, INC.

### Broker Information & Questionnaire

1. Complete Name of Firm: \_\_\_\_\_

2. Contact Name, Title & Email Address:

\_\_\_\_\_

3. \_\_\_\_\_ Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other

4. Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City/State/Zip

5. Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
City/State/Zip

6. Telephone Number: (     ) \_\_\_\_\_

7. Facsimile Number: (     ) \_\_\_\_\_

8. Tax Identification (FEIN): \_\_\_\_\_

**FEIN Must Be Filled Out**

9. Website: \_\_\_\_\_

10. Employee Email Addresses (**REQUIRED**):

*SeaCoast Underwriters, Inc. uses employee email addresses solely for our contact records and marketing purposes. Please attach a separate sheet if necessary.*

Name	Email Address	Division	Title

11. Officers, Owners, Partners & Key Personnel:

Full Name	Title	% Stock	Active/InActive	License Number

12. What Year Was Your Agency Established? \_\_\_\_\_

13. Agency Volume: \_\_\_\_\_

14. Approximately What Percentage Of Agency Volume Is Placed With An Excess & Surplus Lines Carrier? \_\_\_\_\_

15. Mix Of Business:

Commercial Lines \_\_\_\_\_% Personal Lines \_\_\_\_\_% Flood \_\_\_\_\_% Excess Flood \_\_\_\_\_%

16. Branch Office Locations: \_\_\_\_\_

17. Other Brokers: \_\_\_\_\_

18. Companies Represented On A Direct Basis:

Name	Date Appointed	Last Year's Volume	Loss Ratio

19. How Did You Hear About SeaCoast Underwriters, Inc.?

\_\_\_\_\_

20. Persons To Whom Correspondence Should Be Addressed:

Accounting: \_\_\_\_\_

Claims: \_\_\_\_\_

Underwriting: \_\_\_\_\_

21. Name Of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

22. Do you hold a separate fiduciary account? \_\_\_\_\_

23. Background Information

A. Has any company cancelled your contract in the last three years? \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

B. Have you or any employee of the Agency ever been requested to appear in court, before any public official, before a committee or any professional business organization, or otherwise, because of criticism of any conduct relating to insurance? \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

C. Has a license pertaining to any type of insurance related activity and held by you or any employee of the Agency ever been revoked, suspended or withdrawn by action of any regulatory authority? \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

D. Has a license pertaining to any insurance related activity and held by any person, partnership or organization with which you or any owner or officer of the Agency been affiliated with been revoked, suspended or withdrawn by any regulatory authority during the time of your affiliation? \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

E. Have you or any employee of the Agency ever been fined disciplined, admonished or ordered to discontinue a business practice or conduct by a regulatory authority or other public official or court? (Do not include motor vehicle traffic, parking or speeding violations.) \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

F. Have you or any employee of the Agency ever been convicted of a felony? \_\_\_\_\_

If so, please provide details:

\_\_\_\_\_



