

CHENANGO EXCESS AND SURPLUS

Broker Application

65 West Front Street ~ PO Box 460

Hancock, New York 13783-0460

Phone (607)-637-2233 ~ Fax (607)-637-2828

Agency Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date Agency Established: _____

Email Address: _____ Name: _____

AGENCY TYPE (circle one please)

Corporation

Partnership

LLC

Individual

PRINCIPALS OR CORPORATE OFFICERS

1. Name: _____ Title: _____ Designations: _____

2. Name: _____ Title: _____ Designations: _____

3. Name: _____ Title: _____ Designations: _____

***NOTE: Please attach a copy of the Brokers License and Sub-Licensees**

GENERAL INFORMATION

1. Do you presently have relationships with other (non E & S) brokerages or wholesalers? **YES / NO**

Are you required to pay this wholesaler a monetary fee for access to their markets? **YES / NO**

2. Do you accept business which is brokered to you by other agencies or non-exclusive producers? **YES / NO**

3. Total Agency Premium: \$ _____

% _____ Personal

% _____ Commercial

4. How did you hear of Chenango E & S ? _____

5. Are you involved in any other business/occupation in addition to insurance? If yes describe _____

6. Territories Covered: _____

BRANCH OFFICES

FIRST BRANCH

Address: _____ City _____ State: _____ Zip: _____

Manager: _____ County: _____ Phone Number: _____

Fax Number: _____

SECOND BRANCH (IF APPLICABLE)

Address: _____ City _____ State: _____ Zip: _____

Manager: _____ County: _____ Phone Number: _____

Fax Number: _____ Separate Code Required: _____

LICENSED PERSONNEL

(Please include producers and office staff)

Name: _____ Position: _____ License: _____ SSN# _____

Name: _____ Position: _____ License: _____ SSN# _____

Name: _____ Position: _____ License: _____ SSN# _____

Name: _____ Position: _____ License: _____ SSN# _____

ERRORS AND OMISSIONS INSURANCE

Carrier: _____ Limit: _____

Policy Number: _____ Deductible: _____

Effective / Expiration Dates: _____ Number of losses (Last 3 years) _____

PLEASE ATTACH A COPY OF YOUR CURRENT E&O DECLARATION PAGE!

Kindly note that E&O insurance is required to do business with Chenango E & S, Inc. If you do not have E&O we do have facilities to obtain this valuable protection for you.

Why do you wish to represent Chenango Excess and Surplus?

A consumer report may be requested by Chenango Excess and Surplus. The applicant upon request, will be informed whether or not a consumer report will be requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies to be a Chenango Excess and Surplus broker and affirms that the statement and representations herein are to the best of his/her ability.

Agency Name: _____ Date: _____

Agent Signature: _____

PERSONAL LINES SECTION

Companies Represented	Premium Volume	Loss Ratio	Years Represented
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

QUESTIONS:

- How do you develop personal lines business? _____

- Have you been terminated by any personal lines carrier? _____

If yes, who? _____
Reason: _____
Do you still have business you need to move from this carrier? _____
- Do you calculate replacement cost of dwellings prior to placing coverage? **YES / NO**
If yes, describe program/method used: _____

- Do you or someone from your office inspect property risks prior to placing coverage? _____

- Is there a specific market we offer that you are looking for? _____

If so, which one: _____
- What operating system are you using? (circle all the apply)

Windows 95 Windows 98 Windows ME Windows NT Windows 2000 Windows XP

COMMERCIAL LINES SECTION

Companies Represented	Premium Volume	Loss Ratio	Years Represented
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

QUESTIONS:

1. How do you develop commercial lines business? _____
2. Do you have a separate commercial lines department? **YES / NO**
Who is responsible for placing commercial lines business? _____
Years of Experience in commercial lines? _____ Designations _____
3. Describe any niche programs in your agency: _____
4. Have you been terminated by any commercial lines carriers? **YES / NO**
If yes, who? _____
Reason: _____
Do you still have business you need to move from this carrier? **YES / NO**
5. Briefly describe your pre-qualification and pre-underwriting process in commercial lines: _____

6. Describe in detail how adequate insurance to value is assured on new risks: _____

7. Does the agency use a "check-off" sheet to be sure all commercial coverages have been reviewed with the clients?: **YES / NO**
8. Does the agency go over MVRs for all drivers for commercial auto business? **YES / NO**
9. Does the agency have the client sign all new business applications to be bound? **YES / NO**