



BROKERAGE QUESTIONNAIRE

Name of Agency: _____

Physical Address: _____

Mailing Address: _____

Agency is: Individual Partnership Corporation

IF CORPORATION, OFFICERS AND PRINCIPAL STOCKHOLDERS:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

States Licensed (include a copy): _____

Surplus Lines Broker: YES NO License #: _____

ATTACH COPY OF LICENSE(S) INCLUDE COPY OF DEC PAGE OF E&O POLICY

Banking Information:

Name of Bank: _____

Address: _____

Bank Contact: _____

Telephone: _____

Trust Account 1: _____

Trust Account 2: _____

Agency Accounting Information:

Contact: _____

Telephone: _____

Carrier Information: (Please list your top 3 carriers)

Carrier Name

Premium Volume

LIST ANY TARGET MARKET PROGRAMS YOU CURRENTLY MARKET (attach separate sheet if necessary):

E & O Carrier: _____

Liability Limits: _____

Policy Number: _____



Prepared by: _____

Title: _____

Date: _____

WE NEED YOUR FEEDBACK ASAP!

The Federal Communications Commission (FCC) has revised the Telephone Consumer Protection Act of 1991 concerning fax transmissions relating to advertising solicitation. This will impact how Coronado communicates with your company via fax transmission. To ensure that Coronado can continue to send your company faxed information that is important to your insurance needs, we must obtain your written consent. We would appreciate it if you would complete this form and return it to us as soon as possible. If you have any questions, feel free to contact Corporate Marketing.

PLEASE CHECK BOX BELOW, COMPLETE INFORMATION AND FAX BACK TO US IMMEDIATELY AT 619-770-1852

In accordance with FCC Regulation 64.1200, I consent, on behalf of my firm, to receive faxed communications from Coronado Insurance Services.

Contact Name: _____		
Company: _____		
Address: _____		
City: _____	State: ____	Zip: _____

At the same time, we are updating our database. If there are agents or brokers at your company who are not receiving product updates from us, please provide their information in the space(s) provided below.

Contact Name: _____	Fax: _____	Email: _____
Contact Name: _____	Fax: _____	Email: _____
Contact Name: _____	Fax: _____	Email: _____
Contact Name: _____	Fax: _____	Email: _____
Contact Name: _____	Fax: _____	Email: _____

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