



New Producer Appointment Application

A. General Information

- 1. Agency Name: _____
- 2. Physical Address: _____
- 3. Mailing Address: _____
- 4. Telephone: _____ 5. Fax: _____
- 5. Website: _____
- 6. Business is: Sole Proprietor Partnership Corporation Other: _____
- 7. Tax ID: _____

B. Background Information

- 8. Year established: _____
- 9. Is Broker engaged in, owned by, associated, affiliated with, or controlled by other business interest(s)? YES NO
If yes, explain: _____
- 10. During the past five (5) years has the firm acquired/merged with another firm, or changed names? YES NO
If yes, explain: _____
- 11. Are you a member of: PIA NAIW
 Other (please list): _____
- 12. How did you hear about B&G? Advertisement Web search Event
 Referral from: _____ Other: _____
- Are you already working with a B&G underwriter? If yes, who: _____ YES NO

C. Operations

13. Please list all Principals/Officers:

Name	Title	Email Address	Yrs in Ins	this Firm	% Ownership

14. Please list employees: (Attach a second sheet if necessary.)

Name	Position	Email Address	Phone/Ext	Dept

15. Total number of employees: _____ 16. IT Contact: _____

17. Please provide email address for policy e-distribution:



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For: _____

D. Premium Volume & Distribution (Past Two Years)

Year	Total Premium Volume	% Surplus Lines	Total Surplus Lines Volume

19. Top Five Insurance Companies:

Top Five MGA/Surplus Lines Brokers:

20. What type of products would your agency like to write with us? Indicate anticipated % for all that apply:

_____ %	Casualty	_____ %	Professional Liability
_____ %	Construction	_____ %	Property
_____ %	Environmental/Pollution	_____ %	Transportation
_____ %	Personal Lines	_____ %	Other: _____

E. Licensing Information

21. State of domicile: _____ Do you write business outside state of domicile? YES NO

If Yes, list all other states where licensed; attach copies of each: _____

F. Insurance & Financial Information

22. Please provide E&O coverage information. (NOTE: a minimum of \$1,000,000 is required.)

Carrier: _____	Expiration date: _____
Limits: _____	Deductible: _____

23. Accounting

Contact Name: _____	Phone/Ext: _____
Email address for statements/invoices: _____	

24. Bank Reference (required in States where Trust Accounts are used):

Contact Name: _____	Phone/Ext: _____
Bank Address: _____	
Trust account number: _____	

The undersigned hereby declares that the information given above is true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signed

Title

Printed Name

Date

Submit with signed Broker Agreement, W9, E&O, and licensing to: agency@bgsurplus.com or fax 310-372-1903

Questions? Contact Lisa Samulak at 800-829-7330, ext. 1350.

THANK YOU!