

JAEGER + HAINES, INC.

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Please complete this "Broker Questionnaire" and return it to us. We'll be in touch to discuss adding you to our team.

BROKER QUESTIONNAIRE

1. NAME OF AGENCY _____
AS IT APPEARS ON LICENSE
- MAILING ADDRESS _____
- STREET ADDRESS _____
- CITY _____ COUNTY _____ STATE _____ ZIP _____
- GENERAL OFFICE EMAIL _____
- PHONE NUMBER _____ FAX NUMBER _____
2. AGENCY TYPE: Independent Farmers Other _____
- AGENCY IS: Sole Proprietorship Partnership Corporation LLC
3. WHEN ESTABLISHED _____ HOW LONG LICENSED _____
- APPROXIMATE SIZE (ANNUAL PREMIUM) _____ NUMBER OF EMPLOYEES _____
- PERCENT OF BUSINESS IN PERSONAL LINES _____ % PERCENT OF BUSINESS WRITTEN WITH GENERAL AGENTS _____ %
4. PERSONNEL NAMES: _____ EMAIL ADDRESSES: _____
- OWNER/MANAGER(S) _____
- COMMERCIAL LINES _____
- CLAIMS _____
- ACCOUNTING _____
- HOW WOULD YOU LIKE POLICY DOCUMENTS (i.e. Policies and Endorsements) TO BE DELIVERED?
- ___ DELIVER VIA EMAIL TO: _____
- ___ DELIVER VIA REGULAR MAIL (DO NOT EMAIL).
5. AGENCY IS LICENSED AS: (list all license numbers)
- AGENT YES NO _____
- BROKER YES NO _____
- SURPLUS LINES BROKER YES NO _____

6. LIST OF ALL COMPANIES WITH WHOM YOU ARE LICENSED:

Do you have an Agency Agreement?

Company	Address	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

7. LIST GENERAL AGENTS WITH WHICH YOU PLACE BUSINESS:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

8. LIST AGENTS OR BROKERS ASSOCIATIONS TO WHICH YOU BELONG:

9. NAME OF ERRORS & OMISSIONS CARRIER: _____

Limit of Liability _____ Policy No. _____ Deductible _____

10. TYPE OF BUSINESS YOU INTEND TO PLACE WITH J + H:

- Commercial Auto Estimated Annual Volume _____
- Commercial Property & General Liability Estimated Annual Volume _____
- Other Type _____ Estimated Annual Volume _____

11. HAVE ANY AGENCY CONTRACTS BEEN TERMINATED WITHIN THE PAST 24 MONTHS? Yes No

If Yes, reasons:

I understand that a routine inquiry may be made which will provide applicable information concerning character, general reputation and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

_____ Date

_____ Broker Signature