

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).

HOW WOULD YOU LIKE YOUR BROKER ACCOUNTING STATEMENTS 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