UCA GENERAL INSURANCE SERVICES
"Service Is Our Strength!"™

NEW BROKER APPOINTMENT QUESTIONNAIRE

Please complete all sections. We cannot consider new appointments without a complete questionnaire.

A. FIRM INFORMATION

1. Legal Name of Firm: _____

2. DBA: _____

3. Contact: _____ Email Address: _____

4. Physical Address: _____
(STREET)

_____
(CITY) (STATE) (ZIP)

5. Mailing Address (IF DIFFERENT FROM ABOVE): _____
(STREET)

_____
(CITY) (STATE) (ZIP)

6. Phone: _____ Website: _____

7. How did you hear about UCA? _____

8. Have you spoken with a UCA Marketing Rep? Name: _____

B. PRODUCERS & BRANCH OFFICES

List any branch offices with key personnel to be included with this appointment. If necessary, attach an additional sheet.

Contact Person **Email Address & Phone**	**Location** **City State Zip**

C. PREMIUM VOLUME & DISTRIBUTION

1. Total Agency Premium for Last Three (3) Years:

GWP	Year	Commercial Lines	Personal Lines
$		%	%
$		%	%
$		%	%

2. Total Premium Volume Breakdown: *(If listing under "Other," please attach description.)*

Type	Current Year %
Restaurants	
Hotels/Motels	
Condominiums	
Convenience Stores/Gas Stations	
Shopping Centers	
Lessors Risk	
Apartments	
Other:	

3. List major Companies/Markets in order of premium volume:

Name	Annual Volume	Yrs. Represented	Loss Ratio

4. List companies discontinued in the last five (5) years *(if any):*

D. ANTICIPATED PRODUCTION TO UCA

1. Anticipated volume will be derived from the following sources:

   a. New Business $ _____
   b. Transfer from Current Company in Office $ _____
   c. Transfer from Discontinued Company $ _____

2. Please give a brief explanation: _____

_____

_____

E. LEGAL

1. Do you maintain E&O coverage? ☐ Yes ☐ No
   E&O Policy# _____ Expiration: _____
   **Please attach E&O declaration page.*

2. Resident Agency license #_____ State:_____ Expiration: _____
   Licensed in other states? ☐Yes ☐No
   **Please attach copies of all licenses.*

3. Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority? ☐Yes ☐No
   *If yes, please explain:*_____

4. Is there any pending or threatened litigation or judgments within the past five (5) years exceeding $10,000 against the broker or any of the principals? ☐Yes ☐No
   If yes, please explain: _____

4. Agency FEIN:_____ Year Established: _____

   ☐Corporation ☐LLC ☐Partnership ☐Individual ☐Other:_____
   **Please attached agency W9*

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Name _____ Title: _____

Signature of Applicant: _____ Date: _____

YOU MUST INCLUDE COPIES OF: All Licenses, W-9 and E&O Declarations Page.

Return this completed questionnaire with supporting documents to:
UCA Marketing Department - Email: MARKETING@UCAGENERAL.COM Phone: (714) 228-7807