



General Managing Agents

AGENCY QUESTIONNAIRE

Thank you for your interest in GM Underwriters, Inc. Our Agency success is based in a careful and conscious selection of professional and productive agents that can serve both, the company and the policyholders.

To evaluate your agency's potential to operate and be successful within GM Underwriters, Inc. agency plant; this questionnaire must be fully completed, and signed by the licensed agent. (Copy of your Agent's License and Errors and Omissions policy declaration page must be submitted)

APPLICANT'S INFORMATION

Business Name _____ Tax I.D. No. _____

Mailing Address _____

Street Address _____

Phone (_____) _____ Fax (_____) _____

BUSINESS EMAIL ADDRESS: _____

BUSINESS WEBSITE: _____

_ Corporation _ Partnership _ Sole Proprietorship Years in business _____

PERSONAL DATA

Full Name _____ Social Security No. _____

Residence Address _____

Residence Phone (_____) _____ Other (_____) _____

OFFICERS/PRINCIPALS

Full Name	Home Address	Title

PLEASE DESCRIBE THE INSURANCE EXPERIENCE OF THE ABOVE MENTIONED OFFICERS/PRINCIPALS

LICENSED AGENTS (2-20) (Please attach copy)

Full Name	Social Security Number



ERRORS AND OMISSIONS INSURANCE INFORMATION (Please attach copy)

Company Name _____ Policy Number _____
 Limits _____ Deductible _____
 Effective Date _____ Term _____

CONFIDENTIAL DATA

1. How long have you been an Insurance agent or Broker? _____
2. Have you ever had your license suspended or revoked? Yes No
3. Have you ever had a complaint filed against you with an Insurance Department? Yes No
4. Have you ever been refused bond by a surety company? Yes No
5. Have any surety company paid out funds on you coverage? Yes No
6. Have you ever been convicted within 10 years preceding the filing of this application of any felony or misdemeanor which involved the sale of any insurance or which arose out of the conduct of your business practices? Yes No
7. Are you at present involved in any litigation connected with the business, or are there any unsatisfied judgments outstanding against you arising out of the insurance business? Yes No
8. Have you ever been known personally by any other name, or have you ever conducted business or carried bank accounts in any other name than shown? Yes No
9. Have you ever filed for bankruptcy? Yes No

If your answer is YES to any of the questions above, explain in detail on a separate sheet and attach it to this application.

AFFILIATED COMPANIES (Now represented)

Name	Date of Affiliation	Annual Volume	Loss Ratio

ANNUAL VOLUME STATISTICS

Line	Volume (\$000)	Estimated Renewal %	% with Finance Co.	Source of Business
Personal Auto				
Homeowners (Dwelling)				
Commercial Auto				
General Liability				
Commercial Package				
Other (Specify)				



PREMIUM FINANCE COMPANIES

BANK REFERENCES

PUBLIC LAW 91-508 (Please Read)

In making this application it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detail information about the nature and scope of this investigation.

APPLICANT DECLARATION AND AUTHORIZATION (Always Complete)

1. I hereby certify that my answers to the above questions are true. I agree that as your Producer, I shall be fully responsible to all monies collected by me, either in part or in full payment or premiums, evidenced by my signature on receipts issued by me to applicants. My failure to do so will immediately terminate any contract/agreement with GM UNDERWRITERS.
2. I authorize the individual(s) or companies shown in my application to give any information regarding my employment together with any information they have whether or not in their records, and release said individuals or companies from all liabilities for damage whatsoever for issuing this information.
3. I hereby acknowledge that I have read notice of Public Law 91-508, and hereby consent to the preparation of such a Consumer Credit Report myself.

Signature of Applicant _____ Date _____

THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT NOR AN AGREEMENT
BETWEEN THE APPLICANT AND GM UNDERWRITERS, INC.

(OFFICE USE ONLY)

Comments

___ APPROVED ___ POSTPONED ___ DECLINED DATE _____ AGENCY# _____

