

Pacific Excess Insurance Marketing

Standard - Excess & Surplus - Workers' Compensation Markets

New Broker – Appointment Questionnaire

Legal Name of Firm: _____
Dba (if any): _____

Principal Contact: _____ Email Address: _____
Marketing Contact: _____ Email Address: _____
Accounting Contact: _____ Email Address: _____

Physical Address: _____
Mailing Address: _____
(if different)
Phone Number: _____ Fax Number: _____
List other branch offices: _____

FEIN/Tax ID: _____ Date Established: _____
Type: Corporation Individual LLC Partnership
E&O Policy #: _____ Expiration Date: _____
License Number: _____ Expiration Date: _____
Non Resident Licenses? Yes No NR States: _____
****Please attach E&O declarations page, W-9 and licenses**

Where did you hear about us? _____
What classes of business do you write? Restaurants Lessors Risk Apartments
Hotels Distributor/Wholesale Other _____
List other carriers used: _____
What percent of your business is: Commercial Lines _____ % Personal Lines _____ %

Principal Name: _____ Title: _____
Signature: _____ Date: _____

Return this form to: Pacific Excess Insurance Marketing, Inc.
****Include E&O Dec. page, marketing@pacificexcess.com**
W-9 and Licenses. Phone: 800-222-5582 Fax: 714-228-7899