



455 S. 4th Street, Suite 444 • Louisville, KY 40202 • TEL 877.542.6254 • FAX 215.701.8719

AGENCY APPLICATION AND QUESTIONNAIRE

AGENCY NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY, STATE, AND ZIP _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

AGENCY OWNER _____

MANAGING PARTNER/ PRINCIPAL _____

PERSONAL LINES MANAGER _____

STATES LICENSED TO DO BUSINESS IN _____

YEAR AGENCY ESTABLISHED _____ TOTAL # EMPLOYEES _____ TOTAL # LICENSED PRODUCERS _____

DOES YOUR AGENCY HAVE ANY SPECIAL PROGRAMS? (Specify) _____

DO ANY PRODUCERS HAVE PARTICULAR JEWELRY EXPERIENCE? _____

PLEASE COMPLETE FOR ACCESS TO AGENT-ONLY MATERIALS ON PASSWORD-PROTECTED AREA OF JIBNA WEBSITE

REQUESTED USER NAME _____ REQUESTED PASSWORD _____

Username and password must be letters and numbers only, with no spaces. Minimum five characters; maximum 14 characters.

PLEASE ANSWER THE FOLLOWING. IF YOU ANSWER "YES" TO ANY QUESTIONS, PLEASE PROVIDE DETAILS AND DOCUMENTATION

Has the business entity or any owner, partner, officer, or director. . .

- 1. Been convicted of or currently charged with committing a crime (excluding misdemeanor traffic violations)? Yes ____ No ____
- 2. Been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____
- 3. Been involved in any proceedings or judgments for overdue monies to an insurer, insured, or producer? Yes ____ No ____
- 4. Been involved in or subject to any bankruptcy proceeding? Yes ____ No ____
- 5. Been subject to any proceedings alleging misrepresentation, fraud, or financial misconduct? Yes ____ No ____
- 6. Been subject to any agency-company contract terminations due to alleged misconduct? Yes ____ No ____

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

NAME _____ TITLE _____ DATE _____

ADDITIONAL REQUIRED INFORMATION

(you will be asked to update this information annually)

(PLEASE TYPE)

PLEASE ATTACH A COPY OF YOUR E&O DECLARATION PAGE

Errors and Omissions Carrier _____

Policy Number _____ Expiration Date _____

Policy Limits _____ Deductibles _____

PLEASE LIST THE NAMES OF YOUR THREE LARGEST ADMITTED CARRIERS

1. _____

2. _____

3. _____

PLEASE ATTACH A COPY OF YOUR AGENCY'S BROKERS LICENSE AND ANY OUT-OF-STATE LICENSES HELD

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

I hereby authorize Jewelry Insurance Brokerage of North America, its agents, and assigns to contact the broker's errors and omissions carrier to verify the information provided above.



Signature _____ Title _____ Date _____

PLEASE INCLUDE A COMPLETED W-9, Request for Taxpayer Identification Number and Certification

- REMINDER:** This Agency Application and Questionnaire must be accompanied by:
- Broker Agreement
 - a copy of your agency's E&O Declaration Page
 - a copy of all licenses
 - a completed W-9

Please add *@insure-jewelry.com to your email whitelist to ensure that you receive email correspondence from us.

This form contains interactive form fields. Please type your information. Then, print out the form and sign it. Fax, or e-mail this application, along with the other required paperwork to:

JIBNA
FAX: 215.701.8719
EMAIL: sales@insure-jewelry.com
Questions? Call 877.542.6254