



3345 Grand Avenue, Suite 4 • Oakland, CA 94610 • TEL 877.542.6254 • FAX 510.291.2902

### 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? \_\_\_\_\_

FOR AGENT ONLY INTERNET ACCESS  
REQUESTED USER NAME \_\_\_\_\_ REQUESTED PASSWORD \_\_\_\_\_

**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

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: 510.291.2902  
EMAIL: sales@insure-jewelry.com  
Questions? Call 877.542.6254