



**INTERBORO INSURANCE COMPANY
BROKERAGE ACCOUNT APPLICATION**

155 Mineola Boulevard, Mineola NY 11501
516-248-1100 • Fax 516-746-1884

(Please attach Brokers License, E & O Dec Page, & W-9 Form)

NAME: _____

ADDRESS (INCLUDING P.O. BOX): _____

E-Mail Address: _____

PHONE #: _____ FAX #: _____

Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Tax ID#: _____ or Social Security #: _____ Choicepoint Node ID _____

Year Established: _____ # of Years at Present Location: _____

Any additional locations? _____

Additional Affiliations (i.e. Real Estate): _____

Insurance Associations affiliated with (i.e. CIBGNY, PIA, IIAA): _____

Any Ownership Interests in any Other Business or Corporation? _____

Please Describe: _____

PERSONNEL

(Attach Organizational Chart if Available)

FULL NAME/TITLE DESIGNATION(S)	# YEARS EXPERIENCE	LICENSED Y/N	ACTIVELY PRODUCE Y/N
Principals/Departmental Managers			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account Executives/CSR's/Producers

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUME AND MIX OF BUSINESS:

Total Volume all Lines/all Companies: _____ Volume of Homeowners: _____

Total Volume of Commercial: _____ Volume of Excess/Surplus: _____

Total Volume of Standard Personal Auto: _____ Volume of Assigned Risk: _____

PREMIUM VOLUME COMMITMENT FOR FIRST YEAR PRODUCTION IF APPOINTED AS A BROKER WITH INTERBORO INSURANCE CO.: _____

TOP COMPANIES REPRESENTED:

Company Name	Year Appointed	Personal Lines Annual W/P	Average 3 Yr L/R*	Commercial Lines Annual W/P	Average 3 Yr L/R*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Please provide documentation for Pers'l & Comm' Lines Annual Written Premiums and Loss Ratios**

GENERAL AGENCY'S CURRENTLY BEING UTILIZED (please include approx. premium w/ea.):

_____/_____/_____
_____/_____/_____

ERRORS AND OMISSIONS COVERAGE ISSUED BY: _____

Please Attach Copy of Certificate of Insurance

LIMITS OF LIABILITY: _____ **POLICY EFFECTIVE DATE:** _____

NAME AND BRANCH ADDRESS OF BANK WHERE PREMIUM ACCOUNT IS MAINTAINED:

AUTOMATION: Software Vendor: _____ Rating Vendor: _____

METHOD(S) OF PRODUCING NEW BUSINESS:

Telemarketing _____%, Direct Mail _____%, Specialty Advertising (Trade Magazines) _____%,
Referral _____%, Walk-In _____%

BRIEF RESUME OF INSURANCE EXPERIENCE: Please attach a brief summary of your industry related experience.

MARKETING/BUSINESS PLAN: Please provide a copy or attach a summary of your plan. Does this include Brokerage perpetuation?

SPECIALIZATION: Please identify types of risk(s) and estimated volume for each, along with company(s) writing majority of that class of business for your brokerage.

Thank you for providing this in-depth information on your brokerage. It will remain strictly confidential.

This application and information provided to us to obtain an insurance brokerage account may be verified by an Investigative Consumer Report which may include information as to character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation will be disclosed upon written request.

SIGNATURE: _____

TITLE: _____

BROKERAGE NAME: _____

DATE: _____