



**NEW BROKER APPOINTMENT QUESTIONNAIRE**

Please complete the entire form. We cannot consider new appointments without a complete questionnaire.

**A. FIRM INFORMATION**

1. Legal Name of Firm: \_\_\_\_\_
2. DBA: \_\_\_\_\_
3. Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_  
 (STREET)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)
5. Mailing Address (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
 (STREET)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Web Site: \_\_\_\_\_ Main E-Mail: \_\_\_\_\_
8. Agency FEIN (*attach W-9*): \_\_\_\_\_
9.  Corporation  Partnership  Individual  LLC  Other \_\_\_\_\_
10. Where did you hear about UCA? \_\_\_\_\_

**B. BRANCH OFFICES**

List any branch offices with key personnel to be considered with this appointment. If necessary, attach an additional sheet.

Location	Contact Person, Email Address & Phone

### C. PREMIUM VOLUME & DISTRIBUTION

1. Total Agency Premium for Last Three (3) Years:

GWP	Year	Commercial Lines	Personal Lines
\$		%	%
\$		%	%
\$		%	%

2. Total Premium Volume Breakdown: *(If listing under "Other," please attach description.)*

Type	Current Year %
Restaurants	
Hotels/Motels	
Apartments	
Condominiums	
Shopping Centers	
Lessors Risk	
Umbrella & Excess	
Other:	

3. List major Companies/Markets in order of premium volume:

Name	Annual Volume	Yrs. Represented	Loss Ratio

4. List companies discontinued in the last five (5) years *(if any)*:

---



---

**D. PRODUCTION TO UCA**

1. Anticipated volume will be derived from the following sources:

- a. New Business \$ \_\_\_\_\_
- b. Transfer from Current Company in Office \$ \_\_\_\_\_
- c. Transfer from Discontinued Company \$ \_\_\_\_\_

2. Please give a brief explanation: \_\_\_\_\_

**E. FINANCIAL/LEGAL**

Trust Account Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_

1. Do you maintain E&O coverage?  Yes  No  
*\*Please attach E&O declaration page.*

Resident Agency license # \_\_\_\_\_ State: \_\_\_\_\_  
Licensed in other states?  Yes  No  
*\*Please attach copies of all licenses.*

2. Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. Is there any pending or threatened litigation or judgments within the past five (5) years exceeding \$10,000 against the broker or any of the principals?  
 Yes  No If yes, please explain: \_\_\_\_\_

*The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.*

Name \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST INCLUDE COPIES OF: All Licenses, W-9 and E&O Declarations Page.**

**Return this completed questionnaire with supporting documents to:**

UCA Marketing Department  
Email: [marketing@ucageneral.com](mailto:marketing@ucageneral.com)  
Phone: 714-228-7888 Fax: 714-228-7801