

12. Has any insurance regulator investigated any member of your agency?
If yes, please give circumstances. _____

13. Has any insurance regulator taken disciplinary action against any member of your agency? If yes, please state the circumstances. _____

14. Are suits now pending against the agency or any employee or any owner? If yes, please state the circumstances. _____

15. What is the name of your current E & O carrier? _____
Amount of coverage? _____

16. Has any company terminated its contract with this agency in the last three years. If yes, which company and for what reason? _____

17. Has this agency terminated its contract with any company in the last three years. If yes, which company and for what reason. _____

18. Agency Automation Yes ___ No ___
What functions are automated? Accounting ___ Word Processing ___ Internet ___
Hardware _____

19. Licensing Information
List all licensed individuals and attach copies of licenses

Individual	P & C LIC. #	SS#	DOB	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other pertinent information: _____

Applicant's Signature _____ Date _____