

BROOKSIDE GENERAL INSURANCE SERVICES, INC.

PRODUCER/BROKER APPOINTMENT APPLICATION

Name of Applicant:	
DBA Name:	
Mailing Address:	
City/State/Zip	
Location Address:	
City/State/Zip:	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Contact Person:	
E-Mail Address:	
Web Site:	

Telephone Number:	Fax Number:
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Date Established:	Federal Tax ID No.
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Names & Addresses of all persons having an ownership or interest in the agency:

Attach separate list if needed to complete list.

Do you carry Errors & Omissions Insurance? Yes No (Minimum limits of \$1,000,000 are required to transact business)

List Carriers you place Business with:

List Wholesalers you Place Business with:

BROOKSIDE GENERAL INSURANCE SERVICES, INC.

Please provide details below for owner and each employee.					
Name	Title	Job Duties	Ext.	Email Address	Licensed Y/N
Have you or anyone in your agency been sued concerning insurance related activities ___ N ___ Y- explain:					
Has you, your employees, or your agency been disciplined by ANY State agency or Department of Insurance? ___ N ___ Y- explain					

Name of Bank for Trust Account:	
Trust Account Number:	
Street Address of Bank:	
City/State/Zip of Bank:	

In addition to this form we also require the following:

- **Signed and dated Brookside General Brokerage Agreement (signed by officer/owner)**
- **Copy of Dec page for E&O (or certificate issued by market)**
- **Copy of Agency License**
- **Completed and Signed W-9**
- **Copy of Broker Bond (\$10,000)**

(Print or Type Name)

(Date)

(Signature)

(Title)