

K&B Underwriters, LLC

BROKER QUESTIONNAIRE

DATE: _____

PART I – Agency Information

NAME OF AGENCY		
STREET ADDRESS	P.O. BOX	COUNTY
CITY, STATE, ZIP CODE	PHONE:	
	FAX:	
WEBSITE	NUMBER OF YEARS IN OPERATION	

PART II – Contact Information

NAME OF PRESIDENT/CEO _____ EMAIL _____
NAME OF MARKETING MANAGER _____ EMAIL _____
ACCOUNTING MANAGER _____ EMAIL _____

PART III – Marketing Information

A. ANNUAL PREMIUM _____

B. SPECIAL AREAS OF EXPERTISE OR TARGET MARKETS

PREMIUM BY SPECIALTY

1. _____
2. _____
3. _____
4. _____
5. _____

C. What Agency Management Software do you use (if any) _____

D. Any branch locations? _____

If Yes, Name of Marketing Contact for the branch _____

Email address _____

E. Is the Agency Active in any trade associations? _____

F. Total number of Employees _____

G. E&O Carrier _____

H. E&O Limits _____

I. Do you hold an Excess Surplus Lines license _____ yes _____ no

If yes, please provide state of license and license number.