



410 Main Street, Suite 100
 Harleysville, PA 129438
 215-513-1550-main
 215-5131555-fax

Broker Questionnaire

Broker Name _____

Principal Contact Name(s) _____

Physical Address _____

City _____ State ____ Zip _____ Phone _____

Mailing Address _____

City _____ State ____ Zip _____ FAX _____

Email _____ Website _____

Accounting Contact _____

Address if different from above _____

Broker is: ___ Proprietorship ___ Partnership ___ LLC ___ Corporation

Tax ID # _____

Broker & Surplus Lines License # _____ State(s) _____

(please attach surplus lines license for each state where you expect to transact business)

Present E & O Insurance Carrier _____

E & O Policy No _____ Expiration Date _____ (please attach a copy)

Are all insurance licenses and Errors and Omissions coverage current and in force? Yes No

Has Broker or Broker Principal filed for or been discharged from any bankruptcy, insolvency, or assignment for the benefit of creditors with a filing or discharged date within the last five years? Yes No

Has the Broker ever been disciplined, fined or censured by a state insurance department or any regulatory body or court? Yes No

Has any Broker principal been convicted pleaded guilty or pleaded no contest to any felony or misdemeanor involving dishonesty or breach of trust within the last five years? Yes No

If the answer to any above question is **YES**, please provide complete details and appropriate documents such as official court records.

I have provided the above information and wish to be considered for appointment. I realize that if all paperwork is not submitted, I will not be considered for an appointment with MRM Group, LLC.

Authorized

Signature _____ Title _____ Date _____