

LIBERTY EXCESS & SURPLUS, INC.
8 SMEDLEY LANE
NEWTOWN SQUARE, PA. 19073

Agency Questionnaire

Agency Name _____

Principal Names _____

Physical Address _____

City _____ State _____ Zip _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____ FAX _____

Email _____ Website _____

Agency is: Proprietorship Partnership LLC Corporation

TAX ID or Social Security # _____ Date Agency Established _____

Agency License # _____ State _____ Expiration Date _____

Agency Premium Volume \$ _____ Number of Employees _____

Present E&O insurance carrier: _____ Policy No _____ Exp Date _____

Has agency ever had a license denied, revoked, suspended, canceled or non-renewed by any state? Yes No

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

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

Is the Agency now the subject of any complaint, investigation or proceeding that could result in a YES answer to any of the previous questions? Yes No

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

If answer to any question is YES, provide complete details and appropriate documents such as official court records. Yes No

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 Liberty Excess & Surplus, Inc.

APPLICANT

Signature _____ Title _____ Date _____