



## Agency/Broker Questionnaire

Please complete for the main office location and list additional locations/branches on page 3

### GENERAL INFORMATION:

1. \_\_\_\_\_  
Agency Name Producer Number  
(assigned by E&L):
2. \_\_\_\_\_  
DBA (if applicable) Federal Tax ID #
3. \_\_\_\_\_  
Agency Mailing Address City State Zip
4. \_\_\_\_\_  
Main Location Address (if different than mailing) City State Zip
5. \_\_\_\_\_  
Phone Number Fax Number Website
6. Business Entity:  Individual  Partnership  Corporation  LLC  Other
7. Year agency started \_\_\_\_\_
8. Does your agency belong to any affiliate, franchise, association, parent company, etc?  Yes  No  
If yes, please list: \_\_\_\_\_
9. Name of agency management system (used for accounting/invoicing) \_\_\_\_\_
10. Banking Reference:  
Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_
11. List of Companies for whom you are licensed:  
\_\_\_\_\_  
\_\_\_\_\_
12. Have you or any partner in your firm
  - a. Had a complaint filed against you by the Department of Insurance or other government agency?  Yes  No
  - b. Filed Bankruptcy?  Yes  No
  - c. Had an E&O claim charged against you?  Yes  NoPlease complete details to any "yes" answers. *Attach a separate page if necessary.*  
\_\_\_\_\_
13. Member of Professional Insurance Organizations  PIA  Big I/IIABA  other  
If other, please list: \_\_\_\_\_

**PERSONNEL/ACCOUNTING INFORMATION:**

_____	_____
Agency Principal(s)	email address(es)
_____	_____
Chief Bookkeeper/Accounting Person	email address
_____	_____
Accounting Address (if different than mailing)	City State Zip
_____	_____
Marketing Manager	email address
_____	_____
Main CSR	email address

Provide a list of agency personnel, including position/responsibility or provide a copy of office directory (*attach list separately*)

**AGENCY PREMIUM & PRODUCTION INFORMATION:**

1. What is the primary reason your agency is pursuing an appointment with E&L?  
\_\_\_\_\_
2. What is your agency's total premium volume? \_\_\_\_\_
3. Provide percentage breakdown between: Commercial \_\_\_\_% Personal \_\_\_\_% Life/Health \_\_\_\_%
4. Of your commercial business, what is the percentage breakdown between:  
Commercial Auto/Truck/Garage \_\_\_\_% Commercial Property/Casualty \_\_\_\_%
5. What is your premium volume placed with all MGAs/wholesalers? \_\_\_\_\_
6. List MGAs or Wholesalers you use: \_\_\_\_\_
7. What insurance products or classes of business does your agency specialize in?  
\_\_\_\_\_
7. Which states do you service/market? \_\_\_\_\_
8. Is your agency familiar with Company/Agency Billing Statements that may require your agent to pay premiums due to E&L before the insured has paid you?  Yes  No
9. Are you able to place a minimum of \$25,000 in premium (or six active policies) during a 12 month period with Erickson-Larsen, Inc.? Do you agree to this commitment?  Yes  No
10. Provide/attach:
  - a. Errors & Omissions Insurance – *Provide a copy of the declarations page of your policy or a Certificate of Insurance evidencing minimum limits of \$1,000,000*
  - b. Agency/Broker/Agent Licenses – *Please attach copies*

**BRANCH OFFICE INFORMATION:**

**LOCATION 2:**

1.	Agency Name (if different from main office)	Producer Number: (if different from Main Office)		
2.	DBA (if applicable)	Federal Tax ID # (if different from Main Office)		
3.	Branch Mailing Address	City	State	Zip
4.	Branch Location Address (if different than mailing)	City	State	Zip
5.	Phone Number	Fax Number	Website	
6.	Contact Person	Email address:		
7.	Send Accounting Statements to: <input type="checkbox"/> Main Office <input type="checkbox"/> This Branch Office			

**LOCATION 3:**

1.	Agency Name (if different from main office)	Producer Number: (if different from Main Office)		
2.	DBA (if applicable)	Federal Tax ID # (if different from Main Office)		
3.	Branch Mailing Address	City	State	Zip
4.	Branch Location Address (if different than mailing)	City	State	Zip
5.	Phone Number	Fax Number	Website	
6.	Contact Person	Email address:		
7.	Send Accounting Statements to: <input type="checkbox"/> Main Office <input type="checkbox"/> This Branch Office			

**Please make additional copies if needed for additional locations.**

\_\_\_\_\_  
Signature of Owner, Partner or Authorized Representative of the Producer

\_\_\_\_\_  
Date

Return completed forms via mail, fax or [email](mailto:vdavis@ericksonlarseninc.com) to:  
**Erickson-Larsen, Inc.**  
Attn: Victoria Davis  
6425 Sycamore Court North,  
Maple Grove, MN 55369-6028  
Direct: 763-257-1375 | Fax: 763-535-4051 | Email: [vdavis@ericksonlarseninc.com](mailto:vdavis@ericksonlarseninc.com)