

# BECOME A CHENANGO BROKER

## Broker Application

65 West Front Street ~ PO Box 460

Hancock, New York 13783-0460

Phone (607)-637-2233 ~ Fax (607)-637-2828

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Date Agency Established: \_\_\_\_\_

Email Address: \_\_\_\_\_ Name: \_\_\_\_\_

### AGENCY TYPE (circle one please)

Corporation

Partnership

LLC

Individual

### PRINCIPALS OR CORPORATE OFFICERS

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Designations: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Designations: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Designations: \_\_\_\_\_

**\*NOTE: Please attach a copy of the Brokers License and Sub-Licensees**

### GENERAL INFORMATION

1. Do you presently have relationships with other (non E & S ) brokerages or wholesalers? **YES / NO**

Are you required to pay this wholesaler a monetary fee for access to their markets? **YES / NO**

2. Do you accept business which is brokered to you by other agencies or non-exclusive producers? **YES / NO**

3. Total Agency Premium: \$ \_\_\_\_\_

% \_\_\_\_\_ Personal

% \_\_\_\_\_ Commercial

4. How did you hear of Chenango Brokers? \_\_\_\_\_

5. Are you involved in any other business/occupation in addition to insurance? If yes describe \_\_\_\_\_

6. Territories Covered: \_\_\_\_\_

## BRANCH OFFICES

### FIRST BRANCH

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager: \_\_\_\_\_ County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### SECOND BRANCH (IF APPLICABLE)

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager: \_\_\_\_\_ County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Separate Code Required: \_\_\_\_\_

## LICENSED PERSONNEL

(Please include producers and office staff)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ License: \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ License: \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ License: \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ License: \_\_\_\_\_ SSN# \_\_\_\_\_

## ERRORS AND OMISSIONS INSURANCE

Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Deductible: \_\_\_\_\_

Effective / Expiration Dates: \_\_\_\_\_ Number of losses (Last 3 years) \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRENT E&O DECLARATION PAGE!**

Kindly note that E&O insurance is required to do business with Chenango Brokers, LLC. If you do not have E&O we do have facilities to obtain this valuable protection for you.

Why do you wish to represent Chenango Brokers, LLC?

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A consumer report may be requested by Chenango Brokers, LLC. The applicant upon request, will be informed whether or not a consumer report will be requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies to be a Chenango Brokers, LLC broker and affirms that the statement and representations herein are to the best of his/her ability.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

## PERSONAL LINES SECTION

Companies Represented	Premium Volume	Loss Ratio	Years Represented
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

### QUESTIONS:

- How do you develop personal lines business? \_\_\_\_\_  
\_\_\_\_\_
- Have you been terminated by any personal lines carrier? \_\_\_\_\_  
\_\_\_\_\_  
If yes, who? \_\_\_\_\_  
Reason: \_\_\_\_\_  
Do you still have business you need to move from this carrier? \_\_\_\_\_
- Do you calculate replacement cost of dwellings prior to placing coverage? **YES / NO**  
If yes, describe program/method used: \_\_\_\_\_  
\_\_\_\_\_
- Do you or someone from your office inspect property risks prior to placing coverage? \_\_\_\_\_  
\_\_\_\_\_
- Is there a specific market we offer that you are looking for? \_\_\_\_\_  
\_\_\_\_\_  
If so, which one: \_\_\_\_\_
- What operating system are you using? (circle all the apply)

Windows 95    Windows 98    Windows ME    Windows NT    Windows 2000    Windows XP

## COMMERCIAL LINES SECTION

Companies Represented	Premium Volume	Loss Ratio	Years Represented
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

### QUESTIONS:

1. How do you develop commercial lines business? \_\_\_\_\_
2. Do you have a separate commercial lines department? **YES / NO**  
Who is responsible for placing commercial lines business? \_\_\_\_\_  
Years of Experience in commercial lines? \_\_\_\_\_ Designations \_\_\_\_\_
3. Describe any niche programs in your agency: \_\_\_\_\_
4. Have you been terminated by any commercial lines carriers? **YES / NO**  
If yes, who? \_\_\_\_\_  
Reason: \_\_\_\_\_  
Do you still have business you need to move from this carrier? **YES / NO**
5. Briefly describe your pre-qualification and pre-underwriting process in commercial lines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe in detail how adequate insurance to value is assured on new risks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Does the agency use a "check-off" sheet to be sure all commercial coverages have been reviewed with the clients?: **YES / NO**
8. Does the agency go over MVRs for all drivers for commercial auto business? **YES / NO**
9. Does the agency have the client sign all new business applications to be bound? **YES / NO**