



UCA GENERAL INSURANCE SERVICES

"Service Is Our Strength!"™

NEW BROKER APPOINTMENT QUESTIONNAIRE

Please complete the entire form. We cannot consider new appointments without a complete questionnaire.

A. FIRM INFORMATION

1. Legal Name of Firm: _____
2. DBA: _____
3. Contact: _____ Email Address: _____
4. Physical Address: _____
(STREET)

(CITY) (STATE) (ZIP)
5. Mailing Address (IF DIFFERENT FROM ABOVE): _____
(STREET)

(CITY) (STATE) (ZIP)
6. Telephone: _____ Fax: _____
7. Web Site: _____ E-Mail: _____
8. Agency Tax Payer ID Number (*attach W-9*): _____
9. ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other _____
10. Where did you hear about UCA? _____

B. PREMIUM VOLUME & DISTRIBUTION

1. Total Agency Premium for Last Three (3) Years:

GWP	Year	Commercial Lines	Personal Lines
\$		%	%
\$		%	%
\$		%	%

2. Total Premium Volume Breakdown: *(If listing under "Other," please attach description.)*

Type	Current Year %
Restaurants	
Hotels/Motels	
Apartments	
Condominiums	
Shopping Centers	
Lessors Risk	
Umbrella & Excess	
Other:	

3. List major Companies/Markets in order of premium volume:

Name	Annual Volume	Yrs. Represented	Loss Ratio

1. List companies discontinued in the last five (5) years *(if any)*:

C. PRODUCTION TO COMPANY

1. Anticipated volume will be derived from the following sources:

- a. New Business \$ _____
- b. Transfer from Current Company in Office \$ _____
- c. Transfer from Discontinued Company \$ _____

2. Please give a brief explanation: _____

D. FINANCIAL/LEGAL

Trust Account Bank: _____ Acct. # _____

1. Do you maintain E&O coverage? ☐ Yes ☐ No

**You MUST attach E&O declaration page.*

Resident Agency license # _____ State: _____

Licensed in other states? ☐ Yes ☐ No (Please attach list or copies)

2. Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority? ☐ Yes ☐ No

If yes, please explain: _____

3. Is there any pending or threatened litigation or judgments within the past five (5) years exceeding \$10,000 against the broker or any of the principals?

☐ Yes ☐ No If yes, please explain: _____

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Name _____ Title: _____

Signature of Applicant: _____

YOU MUST INCLUDE COPIES OF: All Licenses, W-9 and E&O Declarations Page.

Return this completed questionnaire to:

UCA General Insurance Services, Inc.
Barry Colburn, Director of Marketing
6363 Katella Ave.
Cypress, CA 90630

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