

# AGOSTINI

## WHOLESALE INSURANCE

(800) 922-7283 WWW.AGOSTINISURPLUS.COM

### Broker Questionnaire & Warranty Agreement

#### Brokerage Firm Information

Company Name \_\_\_\_\_

Company Owner/Principal \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

Sole Proprietorship     Partnership     Corporation     Surplus Lines Broker     Other

SSN (last 4 digits only) \_\_\_\_\_ FEIN Number \_\_\_\_\_

Year Firm was established \_\_\_\_\_ Years at this location \_\_\_\_\_

#### Commercial Producers & Customer Service Representatives

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### How did you first hear about Agostini Wholesale Insurance? (Check Only One)

CE Attendee     In-person visit from Agostini Representative     E-mail from Agostini

Internet Search \_\_\_\_\_  Referral by \_\_\_\_\_

Other \_\_\_\_\_

#### Terminations

Have you had any terminations in the past three (3) years?     Yes     No

If Yes, list carrier and reason for termination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Marketing

Primary source of leads \_\_\_\_\_

Primary areas solicited \_\_\_\_\_

States licensed to sell insurance in \_\_\_\_\_

## Company Appointments

The leading companies in volume order are

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Type of Brokerage

Full-time Insurance     Bank     Wholesale     Retail     Life Specialist     MGA

Years licensed

0 - 5     6 - 10     11 - 15     16 - 19     20 or more

Does your brokerage firm have a trust account?     Yes     No

## Diversification (please check one)

Do you consider your brokerage firm as...

Multiple line, producing a good spread of Commercial/Personal Lines

Multiple Line, Commercial Lines oriented

Multiple Line, Personal Lines oriented

Specialty or other (please explain) \_\_\_\_\_

Is your brokerage actively engaged in Association/Franchise Account Production?     Yes     No

If Yes, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Broker Warranty Agreement

This agreement is made between Agostini Wholesale Insurances Services and its' affiliates, CID Insurance Programs and Community Risk Management (known as "Agostini"), and \_\_\_\_\_ (known as "Broker").

## Return Premium and Return Commissions

Broker shall tender return premiums to Agostini or to other persons entitled thereto, as when and in the amount required by California Insurance Code sections 481, 481.5, 483 and 1734 and all other applicable law, and shall return to Agostini all commissions paid or tendered to Broker, based on, calculated, or paid on such return premiums.

## Agostini Wholesale Insurance & Affiliates Names and Service Marks

Broker shall not use the name Agostini Surplus, Agostini Wholesale Insurance, CID Insurance Programs, Community Risk Management, or any name, service mark or logo of Agostini in connection with any solicitation, offer, sale, advertisement or comparison of insurance or other products, producers or services.

## Independent Contractor Relationship

Broker is an independent contractor with Agostini. The time, place and manner of Broker's performance of this agreement and business with Agostini are left to the Broker's discretion, except as specified in this agreement. Nothing in this agreement is intended or shall be construed to create employment, a partnership or joint venture between Agostini and Broker.

## Licenses

Broker warrants that Broker has, and agrees that Broker shall maintain throughout the term of this agreement, all licenses and insurance necessary to Broker's lawful performance of this agreement. Broker agrees to provide to Agostini a valid copy of said license and/or insurance when asked. Broker warrants that all answers provided in the questionnaire are truthful.

## Choice of Governing Law

This agreement shall be interpreted, governed, and enforced under the law of California applicable to agreements executed and performed entirely in California, San Diego County.

## Venue

Any action arising from or connected with this agreement, there performance of it by Broker or Agostini, or any service or business between Broker and Agostini, may be filed and proceedings tried only in the Superior Court of California for the County of San Diego, or if subject matter jurisdiction exists, in the United States District Court for the Southern District of California.

\_\_\_\_\_  
Principal Agent or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agostini Wholesale Insurance Authorized Representative

\_\_\_\_\_  
Date

Please fax signed & completed Broker Questionnaire & Warranty Agreement, along with the following items, to Broker Administration at (619) 593 - 2075:

- Copy of your license (individual & organization if applicable) for each state you are licensed in
- Copy of the declarations page from your E & O policy