

K&B Underwriters, LLC

BROKER QUESTIONNAIRE

DATE: _____

PART I – Agency Information

NAME OF AGENCY		
STREET ADDRESS	P.O. BOX	COUNTY
CITY, STATE, ZIP CODE	PHONE:	
	FAX:	
WEBSITE	NUMBER OF YEARS IN OPERATION	

PART II – Contact Information

NAME OF PRESIDENT/CEO _____ EMAIL _____
NAME OF MARKETING MANAGER _____ EMAIL _____
ACCOUNTING MANAGER _____ EMAIL _____

PART III – Marketing Information

A. ANNUAL PREMIUM _____

B. SPECIAL AREAS OF EXPERTISE OR TARGET MARKETS

PREMIUM BY SPECIALTY

1. _____
2. _____
3. _____
4. _____
5. _____

C. What Agency Management Software do you use (if any) _____

D. Any branch locations? _____

If Yes, Name of Marketing Contact for the branch _____

Email address _____

E. Is the Agency Active in any trade associations? _____

F. Total number of Employees _____

G. E&O Carrier _____

H. E&O Limits _____

I. E&O Effective & Expiration Date _____

(Attach copy of E&O dec page or certificate of insurance).

J. Agency National Producer Number (NPN)* _____

K. Name of Licensed Producer & Their Individual NPN* _____

Attach separate page if more than one individual and include all NPNs for all individuals in your agency.

*To look up the National Producer Number go to this link: <https://pdb.nipr.com/html/PacNpnSearch.html>