



Blackmoor General Agency LLC

AGENCY QUESTIONNAIRE

Name of Agency: _____

Address: _____

City: _____ State _____ ZIP _____

E-mail address: _____

Phone No: _____ Fax No: _____

Toll-Free No: _____ Tax ID No: _____

Corporation: Partnership: Individual:

Principals, Partners or Corporate Officers:

Name & Title

Home Address

1) _____

2) _____

3) _____

Employees Who Are Licensed Agents:

Name

Type of License & Number

States(s)

1) _____

2) _____

3) _____

(Use additional sheet, if necessary)

Agency Profile:

Miscellaneous Information

Has any Insurance Company cancelled your Agency Contract? Yes No

If yes, please explain:

Does your Agency maintain a separate trust account? Yes _____ No _____

Bank Name and Branch: _____

Please fax, mail, or scan all necessary documents.

1. E&O Declaration Page
2. Copy of state license(s) for each agent

Agent or Broker Signature: _____ Date: _____