

Golden Bear Insurance Company

Agent QUESTIONNAIRE/APPLICATION

| | |
|---------------------------|--|
| Name of Applicant: | |
| DBA Name: | |
| Mailing Address: | |
| City/State/Zip: | |
| Location Address: | |
| City/State/Zip: | |

| | |
|--|--|
| Applicant license #: | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC |
| If you are licensed as an individual with the DOI, please list your Social Security # | |
| Contact Person: | |
| Contact Person E-Mail Address: | |
| Web Site: | |

| | | | |
|--------------------------|--|--------------------|--|
| Telephone Number: | | Fax Number: | |
|--------------------------|--|--------------------|--|

| | | | |
|--------------------------|--|------------------------------|--|
| Date Established: | | Federal Tax I. D. No. | |
|--------------------------|--|------------------------------|--|

List of Principals or Officers and individual license numbers:

| | |
|--|--|
| | |
| | |
| | |

Attach separate list if needed to complete list.

| | |
|--|--|
| Name of Bank for Trust Account: | |
| Trust Account Number: | |
| Street Address of Bank: | |
| City/State/Zip of Bank: | |

List major carriers you directly deal with:

| | | |
|--|--|--|
| | | |
| | | |

List agency's loss ratio with three of your largest carriers:

| | |
|--|--|
| | |
| | |
| | |

Monthly Policies:

| | |
|---|--|
| How many homeowner's policies do you write each month? | |
| How many dwelling fire policies do you write each month? | |



Golden Bear Insurance Company

Agent QUESTIONNAIRE/APPLICATION

Provide Approximate Total Premium Volume for Commercial and Personal Lines:

| | | | |
|----------------------------|----|--------------------------|----|
| Commercial Lines Business: | \$ | Personal Lines Business: | \$ |
|----------------------------|----|--------------------------|----|

Do you carry Errors & Omissions Insurance? Yes No
 (Minimum limits of \$1,000,000 are required to transact business with Golden Bear Insurance Co.)

| |
|---|
| Have you previously been appointed by Golden Bear as an Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: |

If you have multiple locations then complete a separate form (pertinent information) for each location.

| |
|---|
| Have you, or any owner or officer of your agency, in the past 5 years been the subject of disciplinary action by any state Department of Insurance, or other regulatory agency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, explain: |
| Have you, or any owner or officer of your agency ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, explain: |

In addition to this form we also require the following:

- Signed and dated Golden Bear Agency Agreement (signed by officer or owner).
- Copy of Dec page for E&O (or certificate issued by market).
- Copy of applicable P/C license(s).
- Completed W-9.
- 3 loss runs from your largest 3 carriers.

(Print or Type Name)

(Date)

(Signature)

(Title)