



Columbia Underwriters, Inc.

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BROKERAGE QUESTIONNAIRE

THIS QUESTIONNAIRE AND AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, WITNESSED AND RETURNED PRIOR THE PLACEMENT OF BUSINESS.

1. NAME OF FIRM - as it appears on the Agency License.

Street Address

Mailing Address - if different than above

Phone Number(s)

Fax Number(s)

2. Firm is Individual _____ Partnership _____ Corp _____

When established _____ Federal Tax ID _____

(A) If corporation, officers and principal stockholders

President _____

V. President _____

Secretary _____

Treasurer _____

Other _____

(B) If other than corporation, owners/partners/principals [name(s) and title(s)]

3. List all licensed personal and license numbers (Use additional sheet if necessary)

Name Agent Broker* State & #

4. List name and address of bank

Account Number(s) _____

5. List all companies with which you now place business

Company & Address

Agency Agreement

Yes

No

6. List premium finance companies you most frequently use

7. List general agencies with whom you place business

8. List the professional organizations to which you/your staff/your agency belong

9. Name of E&O Carrier, Policy Number, Effective Dates and Limits

10. Person in your agency to contact for accounting matters

11. Who to contact in case of emergency

12. Any questions or comments?
