

Please print & fax broker's questionnaire (together with copies of Dept. of Insurance License and E&O) to (888) 328-6747.



435 N. Pacific Coast Highway #120  
Redondo Beach, CA 90277  
Phone: 310-376-5499 or 800-393-2012  
Fax: 888-328-6747 or 800-783-2606

Agency Name: \_\_\_\_\_ License No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Principal (s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Agency Ownership:  Corporation  Partnership  Proprietorship  Others: \_\_\_\_\_

SS No. of Principal(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Federal Tax I.D. No.: \_\_\_\_\_

Is Principal(s) Licensed? :  Broker  Agent

Do you have a bond on file with the DOI? :  Yes (attach copy)  No

Names of Carriers or General Agencies: (Past & Present)

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

Name of Premium Finance Companies used by Agency: Past & Present

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

Does Agency currently carry E&O Insurance? :  Yes  No

Name of Carrier: \_\_\_\_\_

Name of Bank where Premium Trust Account is held: \_\_\_\_\_

Account Number: \_\_\_\_\_

Estimated Annual Amount Financed: \$ \_\_\_\_\_

Requested Login Names	Password (At least 8 characters & alphanumeric)
_____	_____
_____	_____
_____	_____

**I Hereby Authorized SOUTH BAY ACCEPTANCE CORPORATION to verify any of the above information:**

Signature	Date Submitted
_____	_____

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Please rank the following (1 to 5) in relation to your business: (1- Most Important || 5- Least Important)

_____ Rates	_____ Software-Ease of Use	_____ Others: _____
_____ Producer Compensation	_____ Customer Service	