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Please fill up & email broker's questionnaire (together with copies of Dept. of Insurance License and E&O) to contact@sbac-finance.com or fax to (888) 328-6747.

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:	ership Proprietorship Others:
SS No. of Principal(s): 1	2
Federal Tax I.D. No.:	
Is Principal(s) Licensed? : \square Broker \square Ager	nt
Do you have a bond on file with the DOI? : $\ \square$	Yes (attach copy)
Names of Carriers or General Agencies: (Past	& Present)
Name of Premium Finance Companies used b	y 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*
* The password must be at least 8 characters long a	and contain at least 1 numeric character, 1 UPPER case character, 1 lower case
character and 1 special character (&=!%{}/*\$+?)	
I Hereby Authorized SOUTH BAY ACCEPTA	ANCE CORPORATION to verify any of the above information:
Signature/Date	
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