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## New Broker Entrance Form

1. Broker Name: \_\_\_\_\_
2. Broker Mailing Address: \_\_\_\_\_
3. Broker Phone Number: \_\_\_\_\_
4. Broker Fax Number: \_\_\_\_\_
5. Broker Email Address: \_\_\_\_\_
6. Is this broker part of another agency?  
Yes  No   
If yes, which one? \_\_\_\_\_
7. Does this office pay their own agency bill statements?  
Yes  No
8. Who is the contact person for agency bill statement payments? \_\_\_\_\_
9. Billing Address: \_\_\_\_\_
10. Billing Phone & Fax Number: \_\_\_\_\_
11. Billing Email Address: \_\_\_\_\_
12. E&O Carrier: \_\_\_\_\_
13. E&O Limit: \_\_\_\_\_
14. E&O Deductible: \_\_\_\_\_
15. E&O Policy Number: \_\_\_\_\_
16. E&O Expiry Date: \_\_\_\_\_

Monthly payments must be paid by our statement.

Commission rate is 15% on all business – 15% is also paid on the policy fee.

Our terms are: Payment in full of our monthly statement is due by the 15<sup>th</sup>. Interest of 2% per month can be applied on late payments.

For HQ Use Only		
Date Received	Submitted by	ACCPAC #