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Agency Questionnaire

STRICTLY PRIVATE & CONFIDENTIAL

Organization

1. Legal name of organization _____
2. Principal place of business and address _____
3. Postal Address (if different) _____
4. Communication Detail:
 - Website _____
 - Email _____
 - Telephone number _____
 - Fax number _____

5. Type of Organization (check relevant box)

- Publicly held Company
- Privately held Company
- Partnership
- Sole Proprietor

Other (please explain):

6. Parent Company if applicable: _____

7. Please list province(s)/state(s) in which you hold a license and nature of these license(s)

8. Has the organization, or any of its current stockholders, directors, partners, proprietors or principal officers, ever been convicted of a criminal offense?

Yes No



If "Yes", please provide details (please attach an organizational chart of your structure & personnel

Nature of Business

1. Please check the box which best reflects the Applicant's main business activity:

- Retail Insurance Broker
- Wholesale Broker
- Other _____

2. What is the approximate annual gross total premium volume of your organization for the past 3 years?

The Organization's Professional Indemnity Insurance

1. Do you purchase Professional Indemnity (E&O) Insurance?

Yes No

If yes, please state: _____

2. Carrier: _____

Limit of Liability: _____

Deductible: _____

Accounting Department

1.	Do you keep segregated funds or in trust accounts for insurance premiums
2.	Please provide contact info for your accounting department:
Name: _____ Telephone: () _____	



By: _____

Signature: _____

Position: _____

Date: _____