## **The McGowan Companies**

Home Office: Old Forge Centre - 20595 Lorain Rd. - Fairview Park, OH 44126 - P: (440) 333-6300 - F: (440) 333-3214

## **Brokerage Questionnaire**

Please complete this "Broker Questionnaire" and fax or e-mail it back to us. We require this form in order to begin working with your firm (or, if you are a current broker, to update our records and continue working with your firm).

Brokerage Name:							
Brokerage Mailing Address:	(Main Office						
Brokerage Physical Address:	(Main Office						
Brokerage Phone:	() (Main Office)						
Brokerage Fax:	() (Main Office)						
Corporate Structure:	☐ Individual / Sole Proprietor ☐ S-Corp. ☐ C-Corp.						
	☐ Partnership ☐ Trust/Estate						
Tax ID Number (FEIN):							
Agency NPN: (National Producer Number)							
E&O Carrier:							
&O Policy Term:	/20/20						
&O Limits:	\$ Per Occurrence / \$ Annual Aggregate						
idelity Carrier:							
idelity Policy Term:	//20/20						
Fidelity Limits:	\$ Per Occurrence / \$ Annual Aggregate						
Resident P&C License Number:	(Brokerage Firm)						
icensing Contact:							
icensing Contact's Email Address:							
ine of Business in Which Brokerage Sp	pecializes:						

## Office Location #1 (Main Office or Administrative Office) Address: Phone: ( ) \_\_\_\_\_ - \_\_\_\_ Fax: Staff: Head of Organization: \_\_\_\_\_ Title: \_ (1) (Ex.- President or Mg. Partner) Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (2) Marketing Manager: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (3) Commercial Lines Manager: \_\_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ Position: \_\_\_\_ Accounting Contact: (4)Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_ (5) Producer #1: Position: Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x E-Mail: Position: (6)Producer #2: \_\_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (7) Producer #3: Position: \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (8) CSR #1: \_\_\_\_\_ Position: \_\_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (9)CSR #2: \_\_\_\_ Position: \_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (10)CSR #3: \_\_\_\_\_ Position: Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_

Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_-Address: ( ) \_\_\_\_\_-Staff: Title: \_\_\_\_\_\_ - \_\_\_\_ Branch Manager: \_\_\_\_\_ (1) Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (3)Marketing Manager: \_\_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x E-Mail: (3)Commercial Lines Manager: \_\_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (4)Accounting Contact: \_\_\_\_\_ Position: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ Position: \_ (5) Producer #1: \_\_\_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (6)Producer #2: Position: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (7) Producer #3: Position: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ (8) CSR #1: \_\_\_\_\_ Position: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_ CSR #2: \_\_\_\_\_ (9) Position: Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Phone Extension: x E-Mail: CSR #3: \_\_\_\_\_ (10)Position: Direct Fax: ( ) \_\_\_\_\_ - \_\_\_\_ Direct Line: ( ) \_\_\_\_\_ - \_\_\_\_

Phone Extension: x\_\_\_\_\_ E-Mail: \_\_\_\_\_

Office Location #: (Satellite Office)

	Broke	erage P&C	Individual P&C Licenses			Surplus Licensee		
STATE	EXP. DATE	LICENSE NUMBER	EXP. DATE	PRODUCER NAME	LICENSE NUMBER	EXP. DATE	AGENT/AGENCY NAME	LICENSE NUMBER
Alabama								
Alaska								
Arizona								
Arkansas								
California								
Colorado								
Connecticut								
Delaware								
District of Columbia								
Florida								
Georgia								
Hawaii								
Idaho								
Illinois								
Indiana								
Iowa								
Kansas								
Kentucky								
Louisiana								
Maine								
Maryland								
Massachusetts								
Michigan								
Minnesota								
Mississippi								
Missouri								
Montana								
Nebraska								
Nevada								
New Hampshire								
New Jersey								
New Mexico								
New York								
North Carolina								
North Dakota								
Ohio	-							
Oklahoma	-							
Oregon								
Pennsylvania								
Rhode Island								
South Carolina								
South Dakota								
Tennessee			-					
Texas			-					
Utah			-					
Vermont								
Virginia			ļ					
Washington			ļ					
West Virginia								
Wisconsin								
Wyoming	<u> </u>		<u> </u>			<u> </u>		