

# AGENCY QUESTIONNAIRE

## THE GLATFELTER INSURANCE GROUP

Broker # (assigned by GIG): \_\_\_\_\_

- ◆ The Glatfelter Agency, Inc.
- ◆ VFIS/Life Division (LOSAP)
- ◆ Foundry Insurance Agency, Inc.
- ◆ Glatfelter Underwriting Services, Inc.
- ◆ PRIME- Public Risk Ins. Made Easy
- ◆ GIG of Missouri, Inc., d.b.a. The Insurancenter
- ◆ Volunteer's Firemen's Insurance Services, Inc.
- ◆ Leader Heights Brokerage
- ◆ Rural Special Districts Insurance Services
- ◆ HCCIS – Hospice & Community Care Ins. Services
- ◆ PUC / Community Works, Textbooks, WC Safety Group

An **Insurance Broker** is a person who represents an insured in the solicitation, negotiation or procurement of contracts of insurance, and who may render services incidental to those functions. By law, the broker may also be an agent of the insurer for certain purposes such as delivery of the policy or collection of premium.

An **Insurance Agent** is a person who solicits, negotiates or effects contracts of insurance on behalf of an insurer. His right to exercise various functions, his authority, and his obligations and the obligations of the insurer to the agent are subject to the terms of the agency contract with the insurer, to statutory law, and to common law.

An **Insurance Producer** is a term applied to an agent, solicitor or other person who sells insurance.

### **AGENCY INFORMATION** - Please Print or Type (Incomplete information will delay processing.)

Legal Entity OR Sole Prop. Name: \_\_\_\_\_

D.B.A. Name: \_\_\_\_\_

Principal Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Tax ID (required): \_\_\_\_\_ Entity Type:  Corp.  Sole Prop.  LLC  Partnership  
 Other \_\_\_\_\_

Agency Resident State Lic. # \_\_\_\_\_ Resident State: \_\_\_\_\_

National Producer Number: \_\_\_\_\_

Agency License Type (check all that apply)  Agent  Broker  Producer  
Agency Lines Held (check all that apply)  Life  Health  Property/Liability

E& O Carrier: \_\_\_\_\_ - **Required/ Attach copy of Certificate of Insurance**  
Limit: \_\_\_\_\_ (Suggested limit \$5,000,000)

Fidelity Carrier: \_\_\_\_\_ - **Attach copy of Certificate of Insurance or Bond**  
Limit: \_\_\_\_\_ (Suggested limit \$1,000,000)

#### PHYSICAL LOCATION ADDRESS

#### MAILING ADDRESS (If Different)

Str. Address-1: \_\_\_\_\_

Str. Address: \_\_\_\_\_

Str. Address-2: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Toll Free Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Billing Contact's Name: \_\_\_\_\_ Ph. Number: (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
Please Print

Billing Contact's e-mail: \_\_\_\_\_

**AGENT INFORMATION**

1) Complete the following for the individual(s) who support the agency licenses (P&C, Life, A&S).

	Individual who supports Agency <u>P&amp;C</u> License	Individual who supports Agency <u>Life, A&amp;S</u> License
Indv. Name:	_____	_____
Indv. Res. Agent Lic. #:	_____	_____
Resident Lic. State	_____	_____
National Producer #:	_____	_____
Soc. Sec.# (required):	_____	_____
Date of Birth:	_____	_____
e-mail address:	_____	_____
Agent Type (check all that apply)	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Producer	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Producer
Lines Held (check all that apply)	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Liability	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Liability

2) Complete the following for agent(s) who will personally service accounts.

	Agent	Agent	Agent
Indv. Name:	_____	_____	_____
Indv. Res. Agent Lic. #:	_____	_____	_____
Resident Lic. State	_____	_____	_____
National Producer #:	_____	_____	_____
Soc. Sec.# (required):	_____	_____	_____
Date of Birth:	_____	_____	_____
e-mail address:	_____	_____	_____
Agent Type (check all that apply)	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Producer	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Producer	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Producer
Lines Held (check all that apply)	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Liability	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Liability	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Liability

Lic. Contact's Name: \_\_\_\_\_ Ph. Number: (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
Please Print

Lic. Contact's e-mail: \_\_\_\_\_

**Note: We must have a copy of the insurance license on file for both the agency and/or the individuals specified above. Please forward all requested items to the following GIG office:**

**The Glatfelter Insurance Group  
 Licensing Department  
 PO Box 2726  
 York, PA 17405**

Certain personal information is required to synchronize our licensing database system with the National Producer Database which ensures we have the most current license and appointment data available. We collect and maintain licensing data to meet compliance guidelines required by our carriers, the applicable Departments of Insurance and as required by insurance law and regulation.

PRIVACY: We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. For more information visit: <http://www.glatfelters.com/privacypolicy.htm>