



**INTERBORO INSURANCE COMPANY  
BROKERAGE ACCOUNT APPLICATION**

155 Mineola Boulevard, Mineola NY 11501  
516-248-1100 • Fax 516-746-1884

**(Please attach Brokers License, E & O Dec Page, & W-9 Form)**

NAME: \_\_\_\_\_

ADDRESS (INCLUDING P.O. BOX): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ or Social Security #: \_\_\_\_\_ Choicepoint Node ID \_\_\_\_\_

Year Established: \_\_\_\_\_ # of Years at Present Location: \_\_\_\_\_

Any additional locations? \_\_\_\_\_

Additional Affiliations (i.e. Real Estate): \_\_\_\_\_

Insurance Associations affiliated with (i.e. CIBGNY, PIA, IIAA): \_\_\_\_\_

Any Ownership Interests in any Other Business or Corporation? \_\_\_\_\_

Please Describe: \_\_\_\_\_  
\_\_\_\_\_

**PERSONNEL**

(Attach Organizational Chart if Available)

<b><u>FULL NAME/TITLE DESIGNATION(S)</u></b> <b>Principals/Departmental Managers</b>	<b><u># YEARS EXPERIENCE</u></b>	<b><u>LICENSED Y/N</u></b>	<b><u>ACTIVELY PRODUCE Y/N</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Account Executives/CSR's/Producers**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VOLUME AND MIX OF BUSINESS:**

Total Volume all Lines/all Companies: \_\_\_\_\_ Volume of Homeowners: \_\_\_\_\_

Total Volume of Commercial: \_\_\_\_\_ Volume of Excess/Surplus: \_\_\_\_\_

Total Volume of Standard Personal Auto: \_\_\_\_\_ Volume of Assigned Risk: \_\_\_\_\_

**PREMIUM VOLUME COMMITMENT FOR FIRST YEAR PRODUCTION IF APPOINTED AS A  
BROKER WITH INTERBORO INSURANCE CO.:** \_\_\_\_\_

**TOP COMPANIES REPRESENTED:**

Company Name	Year Appointed	Personal Lines Annual W/P	Average 3 Yr L/R*	Commercial Lines Annual W/P	Average 3 Yr L/R*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*Please provide documentation for Pers'l & Comm' Lines Annual Written Premiums and Loss Ratios**

**GENERAL AGENCY'S CURRENTLY BEING UTILIZED (please include approx. premium w/ea.):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**ERRORS AND OMISSIONS COVERAGE ISSUED BY:** \_\_\_\_\_

*Please Attach Copy of Certificate of Insurance*

**LIMITS OF LIABILITY:** \_\_\_\_\_ **POLICY EFFECTIVE DATE:** \_\_\_\_\_

**NAME AND BRANCH ADDRESS OF BANK WHERE PREMIUM ACCOUNT IS MAINTAINED:**

\_\_\_\_\_

**AUTOMATION:** Software Vendor: \_\_\_\_\_ Rating Vendor: \_\_\_\_\_

**METHOD(S) OF PRODUCING NEW BUSINESS:**

Telemarketing \_\_\_\_\_%, Direct Mail \_\_\_\_\_%, Specialty Advertising (Trade Magazines) \_\_\_\_\_%,  
Referral \_\_\_\_\_%, Walk-In \_\_\_\_\_%

**BRIEF RESUME OF INSURANCE EXPERIENCE:** Please attach a brief summary of your industry related experience.

**MARKETING/BUSINESS PLAN:** Please provide a copy or attach a summary of your plan. Does this include Brokerage perpetuation?

**SPECIALIZATION:** Please identify types of risk(s) and estimated volume for each, along with company(s) writing majority of that class of business for your brokerage.

Thank you for providing this in-depth information on your brokerage. It will remain strictly confidential.

*This application and information provided to us to obtain an insurance brokerage account may be verified by an Investigative Consumer Report which may include information as to character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation will be disclosed upon written request.*

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BROKERAGE NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_