

BECOME A CHENANGO BROKER
 Broker Application
 65 West Front St ~ PO Box 460
 Hancock, NY 13783-0460
 Phone (800) 403-3738 ~ Fax (888) 488-6757

Agency Name: _____ Phone Number: _____
 Address: _____ Fax Number: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Date Agency Established: _____
 Email Address: _____ Name: _____

AGENCY TYPE Corporation Partnership LLC Individual

GENERAL INFORMATION

1. How did you hear of Chenango Brokers? _____
2. Do you presently have relationships with other (non E & S) brokerages or wholesalers? YES NO
3. Number of E & O losses in the last 3 years? _____
4. Do you accept business which is brokered to you by other agencies or non-exclusive producers? YES NO
5. Total Agency Premium \$ _____
 - a. % _____ Personal
 - b. % _____ Commercial

PERSONAL LINES SECTION

	Companies Represented	Premium Volume	Loss Ratio	Years Represented
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Have you ever been terminated by any personal lines carrier? YES NO

If yes, who? _____

Reason: _____

COMMERCIAL LINES SECTION

	Companies Represented	Premium Volume	Loss Ratio	Years Represented
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Have you ever been terminated by any commercial lines carrier? YES NO

If yes, who? _____

Reason: _____

Please note that E & O Insurance is required to do business with Chenango Brokers, LLC. If you do not have E & O we do have facilities to obtain this valuable protection for you.

A consumer report may be requested by Chenango Brokers, LLC. The applicant upon request, will be informed whether or not a consumer report will be requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies to be a Chenango Brokers, LLC broker and affirms that the statement and representations herein are to the best of his/her ability.

Agency Name: _____ Date: _____

Agent Signature: _____