

BFA of NY, Inc./ Pinkham Agency, Inc.
40 Commerce Place, Suite #100
Hicksville, NY 11801
(516) 931-1414
www.bfaofny.com

BROKER QUESTIONNAIRE

Agency Name: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ # of Yrs in Business: _____

Email: Yours: _____ Office: _____

Website: _____ SS# / Tax ID: _____ No. of Employees: _____

How did you hear about us?

Email-Which one? _____ Referral-Referred by? _____

Web search-Searched For? _____ Trade Show- Which one? _____

Please list your direct Carriers & other Wholesalers you place business with:

Direct Carrier: _____ Yrs. _____ Direct Carrier: _____ Yrs. _____

Direct Carrier: _____ Yrs. _____ Direct Carrier: _____ Yrs. _____

Wholesaler: _____ Yrs. _____ Wholesaler: _____ Yrs. _____

Wholesaler: _____ Yrs. _____ Wholesaler: _____ Yrs. _____

Names & addresses of all agency principals

Owner #1 _____ Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Owner #2 _____ Address: _____ City: _____

State: _____ Zip: _____ Email: _____

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What Products are you approaching us for?

Commercial Products: _____

Personal Products: _____

What is your 3 year loss ratio?

Commercial Lines: _____ Personal Lines: _____

Commercial Lines: _____ Personal Lines: _____

Commercial Lines: _____ Personal Lines: _____

E&O Carrier _____ **Expiration Date:** _____

Have any E&O Claims been made in the past 5 years against your Agency officers, partners or owners? Yes No

If yes, please provide details:

It is agreed that the statements on this form or any material submitted herewith are a true and accurate representation of the applicant and they shall be deemed material to the acceptance of the risk(s) from BFA of NY, Inc./Pinkham Agency, Inc. and acceptance is done in reliance upon the truth of said representation.

I have read and agree to the terms and conditions of the above questionnaire.

Signature & Title

____/____/____
Date