



FCIA TRADE CREDIT & POLITICAL RISK

NEW AGENCY INQUIRY

Agency Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Contact's Name: _____ Email: _____

Telephone: _____ Fax: _____ Website: _____

Year in Business _____

Name of Agency's Parent Company (if any): _____

Are you a wholesale agency? _____

Number of Total Employees: _____ Number of Trade Credit Insurance Producers: _____

Number of Offices / Locations: _____ If more than one location, please name cities, states:

Agency Type: Credit Insurance only Credit & Other Insurance P&C Only

Agency Total Written Premium: \$ _____ Total Number of Policies: _____

Agency Total Trade Credit Premium: \$ _____ Total Number of Trade Credit Policies: _____

Multibuyer Policies ____% Single Buyer Policies ____%

Number of Trade Credit Polices with premium over \$25,000: _____

No. of Trade Credit Applications per Month: _____ No. of Trade Credit Applications per Year: _____

Number of states in which agency / individual producers are licensed _____

Name the states in which agency / individual producers are licensed _____

States in which agency / individual producers are appointed by other Trade Credit insurers



Name all Trade Credit Insurers you have appointment with:

<u>Trade Credit Insurers</u>	<u>Total Written Premium with Each Insurer</u>
1- _____	\$ _____
2- _____	\$ _____
3- _____	\$ _____
4- _____	\$ _____

Does the agency have a relationship with any member of the Great American Insurance Group?

YES NO Name Divisions: _____

Has the agency or an individual producer ever had any producer agreement cancelled or terminated by an insurer? YES NO If yes, please explain _____

Is the agency or any affiliated entity or person directly or indirectly engaged in any of the following types of business transactions: Banking, Finance, Lending, Securities? YES NO
If yes, please explain:

Agency E & O insurance. YES NO

E&O Insurer:	Amount Per Occurrence: \$	Expiration Date:
	Aggregate Amount: \$	

California Broker Bonds. YES NO

Surety Insurer:	Bond Amount: \$	Bond Number:
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DOCUMENTS TO ATTACH:

- Copy of Agency License in Home State
- Copy of Individual Producer License in Home State
- Copy of E&O Insurance Policy

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