



137 W. Muhammad Ali Blvd. Suite 302 • Louisville, KY 40202 • TEL: 877.542.6254 • FAX: 215.701.8719

### AGENCY APPLICATION AND QUESTIONNAIRE

AGENCY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, AND ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

AGENCY OWNER \_\_\_\_\_

MANAGING PARTNER/ PRINCIPAL \_\_\_\_\_

PERSONAL LINES MANAGER \_\_\_\_\_

STATES LICENSED TO DO BUSINESS IN \_\_\_\_\_

YEAR AGENCY ESTABLISHED \_\_\_\_\_ TOTAL # EMPLOYEES \_\_\_\_\_ TOTAL # LICENSED PRODUCERS \_\_\_\_\_

DOES YOUR AGENCY HAVE ANY SPECIAL PROGRAMS? (Specify) \_\_\_\_\_

DO ANY PRODUCERS HAVE PARTICULAR JEWELRY EXPERIENCE? \_\_\_\_\_

**PLEASE COMPLETE FOR ACCESS TO AGENT-ONLY MATERIALS ON PASSWORD-PROTECTED AREA OF JIBNA WEBSITE**  
REQUESTED USER NAME \_\_\_\_\_ REQUESTED PASSWORD \_\_\_\_\_  
*Username and password must be letters and numbers only, with no spaces. Minimum five characters; maximum 14 characters.*

**PLEASE ANSWER THE FOLLOWING. IF YOU ANSWER "YES" TO ANY QUESTIONS, PLEASE PROVIDE DETAILS AND DOCUMENTATION**

**Has the business entity or any owner, partner, officer, or director. . .**

1. Been convicted of or currently charged with committing a crime (excluding misdemeanor traffic violations)?	Yes _____ No _____
2. Been involved in an administrative proceeding regarding any professional or occupational license?	Yes _____ No _____
3. Been involved in any proceedings or judgments for overdue monies to an insurer, insured, or producer?	Yes _____ No _____
4. Been involved in or subject to any bankruptcy proceeding?	Yes _____ No _____
5. Been subject to any proceedings alleging misrepresentation, fraud, or financial misconduct?	Yes _____ No _____
6. Been subject to any agency-company contract terminations due to alleged misconduct?	Yes _____ No _____

The undersigned hereby declares that the answers provided are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# ADDITIONAL REQUIRED INFORMATION

(you will be asked to update this information annually)

(PLEASE TYPE)

## PLEASE ATTACH A COPY OF YOUR E&O DECLARATION PAGE

Errors and Omissions Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Policy Limits \_\_\_\_\_ Deductibles \_\_\_\_\_

## PLEASE LIST THE NAMES OF YOUR THREE LARGEST ADMITTED CARRIERS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PLEASE ATTACH A COPY OF YOUR AGENCY'S BROKERS LICENSE AND ANY OUT-OF-STATE LICENSES HELD

State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

I hereby authorize Jewelry Insurance Brokerage of North America, its agents, and assigns to contact the broker's errors and omissions carrier to verify the information provided above.



Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE INCLUDE A COMPLETED W-9, Request for Taxpayer Identification Number and Certification

**REMINDER:** This Agency Application and Questionnaire must be accompanied by:

- Broker Agreement
- a copy of your agency's E&O Declaration Page
- a copy of all licenses
- a completed W-9

Please add \*@insure-jewelry.com to your email whitelist to ensure that you receive email correspondence from us.

This form contains interactive form fields. Please type your information. Then, print out the form and sign it.  
Fax-or e-mail this application along with the other required paperwork to:

**JIBNA**  
FAX: 215.701.8719  
EMAIL: [sales@insure-jewelry.com](mailto:sales@insure-jewelry.com)  
Questions? Call 877.542.6254