



SDS GENERAL INSURANCE SERVICES, INC.
Service, Dependability, Stability

Standard Broker Questionnaire

A. General Information

Name of Firm: _____

Principle Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ Zip: _____

E-mail: _____

B. Principal and Personnel

Agency Principal: _____ email: _____

Agency Contact: _____ email: _____

Accounting Contact: _____ email: _____

C. Operations

Does your firm operate as a wholesaler, MGA, or retailer or a combination?

% Retail	% Wholesale	% MGA
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What does your agency specialize in: _____

What can SDS General Insurance do for your agency:

Who referred you to SDS General:

D. Workers' Compensation Carrier Information

The following is a list of Workers' Compensation Carriers that you may access. In order to better serve your agency's needs, please advise which carriers you access, how they are accessed (via direct appointment or General Agent), and the commission you receive. (If you need more room, please attach list)

Carrier	Direct Appt.	Access via GA	Commission %

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

Signature of Applicant: _____

Title: _____

Date: _____

***Please be sure to include the following:

1. Copy of your agency license
2. Copy of your current E&O Dec. Page
3. Complete W-9
4. Complete and signed Brokerage Agreement