

Statehouse Casualty Managers

Concord Center, Building 2 • 1301 State Highway 36, Suite 5 • Hazlet, NJ 07730 • P: (732) 335-8470 • F: (732) 335-8479

Broker Questionnaire

Please complete this "Broker Questionnaire" and fax or e-mail it back to us. We require this form in order to begin working with your firm (or, if you are a current broker, to update our records and continue working with your firm).

Please Fax or E-Mail This Form To: Heather Hysong – Compliance Administrator
Broker Relations Department

Fax: (440) 333-3214

E-Mail: hhysong@mcgowaninsurance.com

Brokerage Name: _____

Brokerage Mailing Address: _____
(Main Office) _____

Brokerage Physical Address: _____
(Main Office) _____

Brokerage Phone: (____) ____ - _____ (Main Office)

Brokerage Fax: (____) ____ - _____ (Main Office)

E&O Carrier: _____

E&O Policy Term: ____/____/20__ - ____/____/20__

E&O Limits: \$_____ Per Occurrence / \$_____ Annual Aggregate

Line of Business in Which Brokerage Specializes: _____

Office Location #1 (Main Office or Administrative Office)

Address: _____

Phone: () _____ - _____
Fax: () _____ - _____

Staff:

(1) Head of Organization: _____ Title: _____
(Ex.- President or Mng. Partner)
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(2) Marketing Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(3) Commercial Lines Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(4) Accounting Contact: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(5) Producer #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(6) Producer #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(7) Producer #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(8) CSR #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(9) CSR #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(10) CSR #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

Office Location #: _____ **(Satellite Office)**

Address: _____ Phone: () _____ - _____
_____ Fax: () _____ - _____

Staff:

(1) Branch Manager: _____ Title: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(2) Marketing Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(3) Commercial Lines Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(4) Accounting Contact: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(5) Producer #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(6) Producer #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(7) Producer #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(8) CSR #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(9) CSR #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
E-Mail: _____

(10) CSR #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
E-Mail: _____