



Arlington/Roe & Co.

Managing General Agents & Wholesale Insurance Brokers

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(800) 878-9891
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BROKERAGE QUESTIONNAIRE - AVIATION

A. AGENCY INFORMATION

NAME OF AGENCY
ADDRESS (Street)
(City) (State) (Zip Code) (County)
TELEPHONE FACSIMILE
E-MAIL WEB PAGE www.
TYPE OF BUSINESS: CORPORATION () LLC () PARTNERSHIP () INDIVIDUAL ()
TAXPAYER ID # (Required) YEAR BUSINESS ESTABLISHED

B. KEY AGENCY CONTACTS:

TOTAL STAFF:

Owner/President: E-mail / Ext.:
Key Personal Lines Contact: E-mail / Ext.:
Key Commercial Lines Contact: E-mail / Ext.:
Copies of all P&C licenses required

C. PREMIUM VOLUME & DISTRIBUTION Total Annual Premium Volume \$

STANDARD LINES CARRIERS YOU DO BUSINESS WITH:

Table with 4 columns: COMPANY, PREMIUM VOLUME, % COMMERCIAL, % PERSONAL. Rows 1, 2, 3.

EXCESS & SURPLUS BROKERS OR MANAGING GENERAL AGENTS YOU DO BUSINESS WITH:

Table with 3 columns: COMPANY, PREMIUM VOLUME, TYPE OF RISKS. Rows 1, 2, 3.

HAS ANY INSURANCE COMPANY CANCELED OR DECLINED TO RENEW YOUR BUSINESS IN THE PAST 3 YEARS? IF YES, PLEASE EXPLAIN:

HAS ANY MEMBER OF YOUR FIRM BEEN FINED, SUSPENDED, OR RECEIVED DISCIPLINARY ACTION BY A STATE INSURANCE DEPARTMENT OR OTHER REGULATORY AUTHORITY? IF YES, PLEASE EXPLAIN

ARE YOU A MEMBER OF: BIG I () PIA () OTHER ()

**BE SURE TO INCLUDE COPIES OF: 1.) ALL CORPORATE P&C LICENSES 2.) E&O DEC. PAGE 3.) COMMITMENT LETTER 4.) SURPLUS LINES LICENSE (TN only)

APPLICANT SIGNATURE: TITLE: DATE:

FOR OFFICE USE ONLY: Approved By: Date Approved: Account Number: