

Please print & fax broker's questionnaire (together with copies of Dept. of Insurance License and E&O) to (888) 328-6747.



21535 Hawthorne Blvd. #275
Torrance, CA 90503
Phone: 310-376-5499 or 800-393-2012
Fax: 310-316-8228 or 888-328-6747

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Name of Principal (s): 1. _____ 2. _____

Agency Ownership: Corporation Partnership Proprietorship Others: _____

SS No. of Principal(s): 1. _____ 2. _____

Federal Tax I.D. No.: _____

Is Principal(s) Licensed? : Broker Agent

Do you have a bond on file with the DOI? : Yes (attach copy) No

Names of Carriers or General Agencies: (Past & Present)

Name of Premium Finance Companies used by Agency: Past & Present

Does Agency currently carry E&O Insurance? : Yes No

Name of Carrier: _____

Name of Bank where Premium Trust Account is held: _____

Account Number: _____

Estimated Annual Amount Financed: \$ _____

Requested Login Names	Password (At least 8 characters & alphanumeric)
_____	_____
_____	_____
_____	_____

I Hereby Authorized SOUTH BAY ACCEPTANCE CORPORATION to verify any of the above information:

Signature Date Submitted

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Please rank the following (1 to 5) in relation to your business: (1- Most Important || 5- Least Important)

_____ Rates	_____ Software-Ease of Use	_____ Others: _____
_____ Producer Compensation	_____ Customer Service	