



AGENT/BROKER APPLICATION

Applying for: _____

Name of Applicant: _____

DBA Name: _____

Mailing Address: _____

City/State/Zip: _____

Location Address: _____

City/State/Zip: _____

If you have multiple locations then complete a separate form (pertinent information) for each location.

Applicant license #: _____

If you are licensed as an individual with the DOI, please provide Social Security # _____

Contact Person: _____

Contact Person E-Mail Address: _____

Web Site: _____

Telephone Number: _____ **Fax Number:** _____

Date Established (mm/dd/yyyy): _____ **Federal Tax I. D. No.** _____

List of Principals or Officers and individual license numbers:

_____	_____
_____	_____
_____	_____

Attach separate list if needed to complete list.

List major carriers you directly deal with:

_____	_____	_____
_____	_____	_____

List agency's loss ratio with three of your largest carriers (example: enter loss ratio 0.25 = 25%):

Carrier	Loss Ratio
_____	_____
_____	_____
_____	_____

Monthly Policies:

How many homeowner's policies do you write each month? _____

How many dwelling fire policies do you write each month? _____

Provide Approximate Total Premium Volume for Commercial and Personal Lines:

Commercial Lines Business: \$ _____ **Personal Lines Business: \$** _____

Do you carry Errors & Omissions Insurance? _____

(Minimum limits of \$1,000,000 are required to transact business with Golden Bear Insurance Co.)

Have you previously been appointed by Golden Bear as a Broker? _____

If yes, explain: _____

Please list all languages spoken in your agency: _____

Have you, or any owner or officer of your agency, in the past 5 years been the subject of disciplinary action by any state Department of Insurance, or other regulatory agency? _____

If yes, explain: _____

Have you, or any owner or officer of your agency ever been convicted of a misdemeanor or felony? _____

If yes, explain: _____

PLEASE INCLUDE COPIES OF
(1) E&O Declaration page (2) All applicable P/C licenses
(3) Completed W-9 (4) Most recent 3 years of loss runs from your 3 largest carriers

Email completed and signed form to Personallines@goldenbear.com

Or mail to: Golden Bear Insurance
1550 W. Fremont Street, 2nd floor
Stockton, California 95203

Or Fax to: (209) 870-2993

(Print or Type Name)

(Date mm/dd/yyyy)

(Signature)

(Title)