



## BROKER INFORMATION

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Owner: \_\_\_\_\_

Corporation     Individual     Partnership

Federal Tax ID#: \_\_\_\_\_

License#: \_\_\_\_\_

Bond#: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E & O Policy#: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Carrier: \_\_\_\_\_

Primary General Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## COMPETITIVE INFORMATION SHEET

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Commercial Carriers You Represent:

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

### Personal Carriers You Represent:

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Programs or Types of Business You Specialize In That We Can Assist You in Marketing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about CTC Insurance Marketing, Inc.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_