



**FedNat Underwriters**  
PO Box 407193  
Ft. Lauderdale, FL 33340-7193  
(800) 293-2532 ♦ Fax (954) 308-1397

## AGENCY QUESTIONNAIRE

Thank you for your interest in FedNat Underwriters representing **FedNat Insurance Company / Monarch National Insurance Company** and other nationally recognized insurance companies. Please complete the questionnaire below. Once we have received and reviewed your questionnaire and documentation, you will be notified of our decision. If you have any questions please contact us at:

FedNat Underwriters  
PO Box 407193  
Ft. Lauderdale, FL 33340-7193

Phone: (800) 293-2532 (option 3)  
Fax: (954) 308-1397  
Email: [marketing@FedNat.com](mailto:marketing@FedNat.com)

### 1. FIRM

A. Legal Name of Firm: \_\_\_\_\_

B. DBA: \_\_\_\_\_

C. Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

D. Mailing Address: \_\_\_\_\_

E. E-Mail Address: \_\_\_\_\_

F. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporation  Partnership  Individual Taxpayer ID No: \_\_\_\_\_

### 2. BACKGROUND

A. Year Established: \_\_\_\_\_

B. During the past 5 years, has the firm acquired / merged with another firm or has the firm changed names? Yes  No

If Yes, please explain: \_\_\_\_\_

C. Is producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest? Yes  No

If Yes, please explain: \_\_\_\_\_



**3. PERSONNEL**

A. Principals, Officers, and Directors (list in order of % of ownership)

<i>Name</i>	<i>Title/Position</i>	<i>Email Address</i>	<i>% Ownership</i>	<i>Agent License #</i>
			%	
			%	
			%	
			%	

B. List producer's staff (not listed in (A)):

<i>Name</i>	<i>Title/Position</i>	<i>Email Address</i>	<i>Agent License #</i>

Do you want emails going to one (1) primary email address? Yes  No

If yes, which email address? \_\_\_\_\_

**4. OPERATIONS**

A. Do you write business outside state of Florida? Yes  No

If Yes, please explain: \_\_\_\_\_

B. Does your firm operate as a retailer, wholesaler, MGA, or combination?

\_\_\_\_\_ %Retail      \_\_\_\_\_ % Wholesale/Brokerage      \_\_\_\_\_ % MGA



C. List State Licenses for all individuals:

<i>State</i>	<i>Issued to</i>	<i>License #</i>	<i>Type of License</i>

**\*\*\*Please attach copies of all your current licenses\*\*\***

**5. PREMIUM VOLUME AND DISTRIBUTION**

A. Your total volume the last five years:

20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_  
 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_  
 20\_\_\_\_ \$ \_\_\_\_\_

B. List major companies in order of premium volume

<i>Name Authority</i>	<i>Years Represented</i>	<i>Annual Volume</i>	<i>Loss Ratio</i>	<i>Binding</i>



C. Companies discontinued in the last five years & reason:

\_\_\_\_\_  
\_\_\_\_\_

D. Committed premium you will send to FedNat in the first 12 months:

\$ \_\_\_\_\_

Need commitment on:

Number of personal lines policies per month \_\_\_\_\_

Number of commercial lines policies per month \_\_\_\_\_

**6. FINANCIAL**

A. Bank name: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

B. Do you maintain E & O Coverage? Yes  No

Insurance Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

**\*\*\*Please attach copy of E&O Dec Page\*\*\***

C. Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority? Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

D. Is there any pending or threatened litigation or augments within the past years exceeding \$10,000 against the Agency or any of the Principals? Yes  No

***The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions or any other concealment of fact.***

**Signature of Applicant:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**CREDIT AND CHARACTER REPORT**

Please Print Name: \_\_\_\_\_

FedNat Underwriters, Inc., in considering your eligibility for, or maintenance or renewal of, an insurance agent’s appointment or brokerage agreement with FedNat Insurance Company and/or Monarch National Insurance Company and other nationally recognized companies, will obtain and use information about you from a detailed credit and character report pursuant to Fla. Stat. Section 626.521. **AUTHORIZATION**  
By signing below, you authorize FedNat Underwriters, Inc. to obtain a detailed credit and character report about you for the purpose described above. This authorization will remain in effect until revoked by you in writing to: FedNat Underwriters, Inc., Attention Marketing; PO Box 407193, Ft. Lauderdale FL 33340-7193.

You have the right to make a written request to the reporting agency to provide you with a complete and accurate disclosure of the nature and scope of any report about you obtained by FedNat Underwriters, Inc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Other names (including maiden name), if any,  
by which you have been known

Current Address (include street, city, state and zip code): \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, if any

\_\_\_\_\_  
Name of FedNat Underwriters, Inc.  
Contract Relationship Manager, if  
known

\_\_\_\_\_  
Signature



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<b>All the locations you have lived during your adult lifetime (city &amp; state only)</b>	<b>All the locations you have worked during your adult lifetime (city &amp; state only)</b>	<b>Location of any high schools, colleges or graduate schools you may have attended (city &amp; state only)</b>



## FELONY AFFIDAVIT ACKNOWLEDGEMENT

The federal Violent Crime Control and Law Enforcement Act of 1994 requires that no person convicted of a felony involving “dishonesty” or “a breach of trust” participate in the “business of insurance”. Criminal penalties for violation of the Act apply to FedNat Underwriters, Inc. and to you; therefore, as a condition of your producer relationship with FedNat Underwriters, Inc., you are required to answer the following question:

Have you ever been convicted of a felony involving “dishonesty” or “a breach of trust”?

- Yes, I have been convicted of a felony involving “dishonesty” or “a breach of trust”.
- No, I have not been convicted of a felony involving “dishonesty” or “a breach of trust”.

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Name

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Social Security Number

---

Date of Birth

---

Date

---

Producer Code

---

Agency Name

---

Signature



## QUESTIONNAIRE CHECKLIST

**PLEASE VERIFY THAT YOU HAVE SIGNED AND INCLUDED THE FOLLOWING:**

- Agency Questionnaire** signed
  - **Felony Affidavit Acknowledgment** (all 220 agents who will be signing our applications need to sign an affidavit)
  - **Credit and Character Report** (all 220 agents who will be signing our applications need to sign a Disclosure & Authorization)
- W-9**
- E&O Declaration Page**

**IMPORTANT:**

- Personal Umbrella and Flood policies must be paid in full
- Homeowners policies can be paid in full or have available payment plans.

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**DO NOT COMPLETE BELOW – INTERNAL USE ONLY**

Date of Visit: \_\_\_\_\_

Does agency have a professional store front? \_\_\_\_\_

Do you recommend appointment? \_\_\_\_\_

Marketer Name: \_\_\_\_\_