

GIG QUESTIONNAIRE - AGENCY



A Tradition of Service, Founded on Trust.®

GLATFELTER INSURANCE GROUP

- ♦ Glatfelter Public Practice
- ♦ VFIS
- ♦ VFIS/Benefits Division (LOSAP)
- ♦ The Glatfelter Agency, Inc.
- ♦ Glatfelter Religious Practice
- ♦ Glatfelter Healthcare Practice
- ♦ GIG of Missouri, Inc., d.b.a. The Insurancenter
- ♦ Safety Group Workers' Compensation Plans (New York)

An **Insurance Broker** is a person who represents an insured in the solicitation, negotiation or procurement of contracts of insurance, and who may render services incidental to those functions. By law, the broker may also be an agent of the insurer for certain purposes such as delivery of the policy or collection of premium.

An **Insurance Agent** is a person who solicits, negotiates or effects contracts of insurance on behalf of an insurer. His right to exercise various functions, his authority, and his obligations and the obligations of the insurer to the agent are subject to the terms of the agency contract with the insurer, to statutory law, and to common law.

An **Insurance Producer** is a term applied to an agent, solicitor or other person who sells insurance.

AGENCY INFORMATION

Legal Entity or Sole Prop. Name: _____

D.B.A. Name: _____

*Federal Tax ID or Soc. Sec. # if Sole Proprietor: _____

Entity Type: Corp. Sole Prop. LLC Partnership Other _____

Does your agency hold an entity license? Yes No Resident License State: __ __

E & O Carrier: _____ - Required/ Attach copy of Certificate of Insurance
Limit: _____ (Suggested limit: \$5,000,000 / Required Minimum: \$1,000,000)

Fidelity Carrier: _____ - Attach copy of Certificate of Insurance or Bond
Limit: _____ (Suggested limit \$1,000,000)

PHYSICAL LOCATION ADDRESS

MAILING ADDRESS (if different)

ACCOUNTING ADDRESS (if different)

Str. Address 1 _____

Str. Address _____

Str. Address 1 _____

Str. Address 2 _____

PO Box _____

Str Address 2 _____

City: _____

City _____

City _____

County State Zip Code _____

County State Zip Code _____

County State Zip Code _____

Phone Number: (____) _____ Toll Free Number: (____) _____

Fax Number: (____) _____ Entity E-Mail: _____

Accounting Contact's Name: _____ Ph. Number: (____) _____ Ext _____

Accounting Contact's e-mail: _____ Fax Number: (____) _____

Licensing Contact's Name: _____ Ph. Number: (____) _____ Ext _____

Licensing Contact's E-mail: _____

*Certain personal information is required to synchronize our licensing database system with the National Producer Database which ensures we have the most current license and appointment data available. We collect and maintain licensing data to meet compliance guidelines required by our carriers, the applicable Departments of Insurance and as required by insurance law and regulation.

PRIVACY: We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. For more information visit: <http://www.glatfelters.com/privacypolicy.htm>

INDIVIDUAL PRODUCERS

1) Provide contact information of Principal Officer(s) OR Producer(s) who **SUPPORT the agency** license(s).

Supports: <input type="checkbox"/> P&C License	<input type="checkbox"/> A&S License	<input type="checkbox"/> Life License	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____

Supports: <input type="checkbox"/> P&C License	<input type="checkbox"/> A&S License	<input type="checkbox"/> Life License	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____

Supports: <input type="checkbox"/> P&C License	<input type="checkbox"/> A&S License	<input type="checkbox"/> Life License	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____

2) Provide contact information of **ONLY** those producers who will personally service accounts (if other than above).
Producers will be contacted individually for licensing information and carrier appointment paperwork where needed.

Sells or Services : <input type="checkbox"/> P&C Accounts	<input type="checkbox"/> A&S Accounts	<input type="checkbox"/> Life Accounts	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____

Sells or Services : <input type="checkbox"/> P&C Accounts	<input type="checkbox"/> A&S Accounts	<input type="checkbox"/> Life Accounts	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____

Sells or Services : <input type="checkbox"/> P&C Accounts	<input type="checkbox"/> A&S Accounts	<input type="checkbox"/> Life Accounts	Phone No.: (____) _____
_____	_____	_____	_____
First	Middle	Last	Suffix
e-mail address: _____		Soc. Sec: _____	Resident State: ____