



UNION GENERAL Insurance Services, Inc.

We are the Market™ Personal & Commercial Lines  

Post Office Box 6555, Concord, CA 94524
Phone (925) 671-2128 Toll-Free (800) 427-8447 Fax (925) 671-0171
Email ug@uniongeneral.com
www.uniongeneralinsurance.com

THIS QUESTIONNAIRE MUST BE COMPLETED IN FULL, SIGNED AND RETURNED BEFORE WE CAN ESTABLISH YOUR ACCOUNT.

Exact name on license reads: _____
 Business name: _____
 Address of Producer (give both mailing address and physical address): _____

 Phone: _____ License #: _____
 Fax: _____ Taxpayers ID #: _____
 Producer is a: Partnership Sole Proprietorship Corporation Date Established: _____ Agent Broker

PERSONNEL OF AGENCY / BROKER

List all owners of firm (Partners, Principle Stockholders, Officers)

Name	Title	Residence Address	Yrs. in Agency	Yrs. In Ins. Bus.

Errors & Omissions
 Insurance Company: _____ Policy # _____ Expiration Date: _____
 Name of bank handling Trustee Account: _____
 Address: _____
 Person in your organize to contact regarding any credit or collection problems: _____

COMPANIES REPRESENTED

Name of Company	Approximate Value		Name of Company	Approximate Value	
	Personal	Commercial		Personal	Commercial
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Total Number of Companies: _____ Total Volume: _____

Do you specialize in certain lines or classes of business? Explain and indicate annual premium written: _____

List two company references: _____

The below section must be fully completed:

A. Your estimated **Monthly Submissions** to Union General will be: _____

Personal Lines (monthly): _____ Property/Casualty (monthly): _____ Commercial Auto (monthly): _____

B. Your estimated **Annual Premium Volume** to Union General will be: _____

Personal Lines (annual): _____ Property/Casualty (annual): _____ Commercial Auto (annual): _____

E-mail Addresses: _____

Website: _____

I understand that as part of Union General's procedure, a routine inquiry may be made to obtain applicable information concerning the operation of our agency/brokerage.

Date _____ Signature: _____

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