OCEANIC Broker Application:
Complete one for each office

Date _____Broker License number _____
Registered Name _____
Address_____
City _____ Postal Code _____
Telephone _____ Fax _____ Website _____
Principals_____
_____
History of Brokerage: _____
_____

Key Personnel

Dept	Name	Yrs exp	e-mail
Personal	_____	_____	_____
Commercial	_____	_____	_____
Accounting	_____	_____	_____

Contracted Markets	**Yrs appointed**	**% Commercial**
Sponsor _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Errors and Omission

Insurer _____Policy number _____Limit _____
5 year claim history _____
Number of licensed employees
Personal Lines _____Commercial lines _____

Have any employee been reprimanded by Insurance Council in the past 5 years? If so explain. _____
_____
Do you have and use a trust account? _____

Name: _____ Signature: _____ Date: _____

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www.oceanicunderwriters.com