



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

119 Littleton Road
Parsippany, NJ 07054
Fax: (973) 402-0770
(973) 402-1200

BROKER QUESTIONNAIRE

NAME: _____

ADDRESS: _____

TELEPHONE () _____ CORPORATION FEDERAL I.D. #: _____

<u>PRINCIPALS</u>	<u>PERCENTAGE OF OWNERSHIP</u>	<u>YEARS IN BUSINESS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DO YOU HAVE POWER OF ATTORNEY FOR ANY COMPANY? PLEASE LIST BELOW.

HAVE YOU EVER HAD YOUR POWER OF ATTORNEY RESCINDED OR REVOKED? IF SO, PLEASE PROVIDE DETAILS BELOW.

<u>COMPANIES REPRESENTED</u>	<u>VOLUME</u>	<u>COMPANY CONTACT</u>	<u>TELEPHONE NO.</u>
1. _____	\$ _____	_____	() - _____
2. _____	\$ _____	_____	() - _____
3. _____	\$ _____	_____	() - _____
4. _____	\$ _____	_____	() - _____
5. _____	\$ _____	_____	() - _____

(Continue on reverse side)

PROVIDE VOLUME AMOUNTS AND PERCENTAGES FOR THE PAST THREE YEARS.

19 _____

DIVISION	% OF VOL.	AMOUNT	% OF VOL.	AMOUNT	% OF VOL.	AMOUNT
COMMERCIAL	%	\$	%	\$	%	\$
BOND	%	\$	%	\$	%	\$
PERSONAL	%	\$	%	\$	%	\$
LIFE	%	\$	%	\$	%	\$

BONDING COMPANIES REPRESENTED

SURETY VOLUME

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

PROVIDE VOLUME PERCENTAGES IN THE FOLLOWING BONDING CLASSES:

GEN. CONSTRUCTION	%
ELECTRIC	%
PLUMBING & HVAC	%
SITE/UTILITY	%

ENVIRONMENTAL	%
SUBDIVISION	%
LICENSE, PERMIT & MISC.	%
OTHER SPECIALTY TRADES	%

LIST ANY PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG.

1. _____
2. _____
3. _____

ONCE THIS QUESTIONNAIRE IS COMPLETED, PLEASE RETURN TO US ALONG WITH COPIES OF ALL PRINCIPALS' LICENSES AND THE RESUME OF YOUR KEY SURETY INDIVIDUAL.

DATE _____

SIGNATURE OF PERSON COMPLETING THIS FORM.

NAME: _____