



BROKER APPLICATION

For Commercial Auto & Garage and Commercial Property & Liability Divisions Only

Please provide the information below:

Agency Name: _____

DBA: _____

Contact Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Phone: __ (____) _____ Fax: __ (____) _____

Email: _____ Federal Tax ID: _____

Policy Distribution Email: _____

Agency is: Corporation Individual Partnership Other (*specify*) _____

Agency is primarily: Retail Wholesale Combination

| Key Contacts and Responsibilities: | |
|------------------------------------|--|
| <i>Name</i> | <i>Position/Title/Responsibilities</i> |
| | |
| | |
| | |

| Top Five Companies Represented or General Agency Relationships | | | |
|--|-----------------------|--|--------------------------------------|
| <i>Company Name or General Agent</i> | <i>Year Appointed</i> | <i>Commercial Lines Annual Written Premium</i> | <i>Average Three-Year Loss Ratio</i> |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Premium Trust Account Bank Name and Address: _____

Accounting Contact: _____ Accounting Email: _____

How did you hear about Lancer? (*check one*) Trade Show Direct Mail Print Ad Website Word of Mouth

Visit from Marketing Rep - Name: _____ Other _____

Once completed, please email to producer@lancerinsurance.com or fax to 516-825-1947, along with the following:

- Errors & Omissions Declarations Page (\$1,000,000 minimum limits required; \$10,000 maximum deductible)
- Broker (BR) License for each state in which you plan to write business - NY, NJ, PA & CT