



RISK MANAGERS, INC.

www.ITRiskmanagers.com

BROKER QUESTIONNAIRE (PLEASE FILL OUT COMPLETELY)

I. GENERAL

- 1 - Name of Firm _____
- 2 - Principal Address _____

- 3 - Mailing Address _____

- 4 - Telephone _____ FAX: _____
- 5 - States Licensed for E&S _____

II. PERSONNEL

- 1 - Principals/Partners/Owners _____

- 2 - Officers/Managers _____

- 3 - Accounting Contact _____

III. PREMIUM

1. Last five (5) years

Yr	Premium	Yr	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Last years premium breakdown: Property: _____ Casualty: _____

IV. E&O COVERAGE: Limit: _____ Carrier: _____ Exp Date: _____

Agent/Agency named above is wholly responsible for any and all Surplus Lines tax filings unless prior arrangements have been made with IT Risk Managers, Inc.

Additional Information

Please attach copies of the following documents:

- 1. Most recent annual financial statement
- 2. Brokerage License
- 3. E&O Certificate

