



191 New York Avenue  
Huntington, NY 11743  
Main Line: (631) 421-9355  
Fax: (631) 421-5977  
  
www.jlnygroup.com

**BROKER QUESTIONNAIRE**

Agency Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_

Website: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

**Please list your direct carriers & other Wholesalers you place business with in order of premium volume**

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_

Direct Carrier: \_\_\_\_\_ Yrs. \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Yrs. \_\_\_\_\_



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**BROKER QUESTIONNAIRE**

**How did you hear about us?**

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**What Carriers and Products are you approaching us for?**

JLNY Commercial Carrier(s): \_\_\_\_\_

JLNY Commercial Products: \_\_\_\_\_

JLNY Personal Carrier(s): \_\_\_\_\_

JLNY Personal Products: \_\_\_\_\_

**Have any E&O Claims been made in the past 5 years against your Agency officers, partners or owners?** Yes  No

If yes, please provide details:

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**It is agreed that the statements on this form or any material submitted herewith are a true and accurate representation of the applicant and they shall be deemed material to the acceptance of the risk(s) from JLNY Group LLC. and acceptance is done in reliance upon the truth of said representation.**

**I have read and agree to the terms and conditions of the above questionnaire.**

\_\_\_\_\_  
Signature & Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date