One General Agency

ONE GENERAL AGENCY (OGA) – PROSPECTIVE AGENT QUESTIONNAIRE

Thank you for your interest in One General Agency. Please complete all sections of this questionnaire.
NOTE: Additional documentation is required.

Agency Information:

Agency Name: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Cell Phone: _____ Fax: _____

Do you have more than one location? ☐ Yes ☐ No

If yes, please list additional locations:

_____

_____

Accounting Contact: _____ E-mail: _____ Phone: _____

Agency Principals (Full Names)	Title	E-Mail Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Breakdown of Organization's Staff (number)

_____Principals/Owners

_____Producers (Salespeople)

_____Other Employees

_____Total Staff

Please attach staff list with titles and contact information.

Are you a member of an Agency Group or Cluster? Yes ☐ No ☐

If yes, please list:_____

Years in Business: _____

Please include the following with your paperwork

1. Copy of your E&O policy declarations page
2. W-9
3. Agency license
4. Agency staff list with contact information and titles
5. Copy of your Cyber policy declarations page

Name: _____ **Title:** _____

Date: _____ **Signature:** _____

Please return the signed and completed application along with the supporting documents by email to info@YourOGA.com or by fax at 800-771-8116.

WSIA Wholesale & Specialty Insurance Association
Trusted Choice Independent Insurance Agent
USA ALLIANCE The Best Representing The Best