



Johnson & Johnson

The Experience of the Past with a Vision for the Future

Thank you for your interest in writing business with Johnson & Johnson. In order for us to gain a better understanding of your agency, please complete the following questions regarding your agency background and agency business plan. **In order to assist us in evaluating your request to write business with J&J, please make sure to fill out all requested information completely.** Please send your completed form to the attention of Jennifer Bikcen: (fax) 843-577-1551 or by e-mail to jab@jjins.com

Agency Name _____
Principal _____
Mailing Address _____
Street Address _____
City _____ County: _____
State _____ Zip: _____
Phone Number _____ Fax Number: _____
E-Mail Address _____ FED ID #: _____

- Do you prefer announcements to be sent to you by: E-mail _____ or Fax: _____
- Are you a licensed P&C Agent? ____Yes ____No
- Are you a licensed Broker? ____Yes ____No

Agency Contact for Personal Lines: _____

E-mail: _____

Agency Contact for Commercial Lines: _____

E-mail: _____

What entity type are you?

S-Corporation

C-Corporation

Partnership

Limited Liability Company (LLC)

Sole Proprietor

You are interested in:

Standard Lines: Personal Commercial

Special Risk Lines: Personal Commercial

- Do you use Premium Financing? ____Yes ____No

If yes, name of company used: _____

- Amount financed per year _____

Principal:

Name: _____ # of years in insurance: _____

Details of experience:

Principal:

Name: _____ # of years in insurance: _____

Details of experience:

CSR:

Personal Commercial

Name: _____ # of years in insurance: _____

Details of experience:

CSR:

Personal Commercial

Name: _____ # of years in insurance: _____

Details of experience:

CSR:

Personal **Commercial**

Name:

of years in insurance:

Details of experience:

CSR:

Personal **Commercial**

Name:

of years in insurance:

Details of experience:

CSR:

Personal **Commercial**

Name:

of years in insurance:

Details of experience:

CSR:

Personal **Commercial**

Name:

of years in insurance:

Details of experience:

Please list, in order of volume, at least 3 Standard companies you represent and at least 3 E&S/Brokerage companies you represent.

Company- Standard	Volume	# of years
1.		
2.		
3.		
Company- E&S/Brokerage		
1.		
2.		
3.		

- **What is your overall Agency annual written Premium Volume?** _____
- **What is the % split between Personal and Commercial lines for your overall Agency?**
 Personal: _____% Commercial: _____%
- **Anticipated volume to Johnson & Johnson the first year?** _____
- **Anticipated volume will come from the following sources:**
 Personal: _____% Commercial: _____%
 1. New Business: _____ (written premium \$)
 2. Transfer from current MGA: _____ (written premium \$)
 3. Transfer from discontinued company: _____ (written premium \$)

Explain Briefly:

What type of products do you write most often?

Other information needed:

- ❖ **Please attach a copy of both your individual Agent licenses and your Brokers license (SC only).**
- ❖ **Please attach a copy of you Errors and Omissions declaration.**

***** For all standard lines appointment requests, please attach Experience Reports for the previous three years.**

How did you hear about Johnson & Johnson?

Do you have your own website? Yes No

- If yes, what is the website address? _____
- What type of Internet access do you have?
 - High-Speed (cable, DSL, etc.)
 - Dial-Up (telephone)

Thank you very much for your interest in **Johnson & Johnson**. If you have any questions, please call or e-mail:

Jennifer Bikcen
Marketing Assistant
800.487.7565, ext. 3618
jab@jjins.com