



## **BROKER APPLICATION**

### Important Instructions

1. Fill out the Application in its entirety.
2. Attach copies of the following documents:
  - a. Certificates of Insurance for your current coverage of the following types:
    - Errors and Omissions
    - General Liability
    - Automobile Liability
    - Fidelity
    - Workers' Compensation and
    - Directors' and Officers' Policies.
  - b. Your current California Insurance License.
3. Sign, date and return the Application with the attachments, to the attention of:

Jeff Einhorn, CEO  
NonProfits' United  
610 Fulton Avenue, Suite 200  
Sacramento, CA 95825

*Thank you for your interest in working with NPU!*

**BROKER INFORMATION**

Broker's business name is: \_\_\_\_\_

Broker is an individual/partnership/corporation/other (describe): \_\_\_\_\_

\_\_\_\_\_

Broker's principals are (identify by name and title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Broker's primary contact is (identify by name and title): \_\_\_\_\_

\_\_\_\_\_

Business Telephone No.: ( \_\_\_\_ ) \_\_\_\_\_ Fax No.: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

(County)

Mailing Address (if different): \_\_\_\_\_

List Additional Office Addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Employer ID No.: \_\_\_\_\_

Are you affiliated with any other businesses producing property and casualty policies? If so, please state the name(s) of those businesses:

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Provide the name of Insurance Company, Limits and Deductible of your organization's current E&O Policies:

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Attach Certificate(s) of Insurance for your current Errors & Omissions, General Liability, Automobile Liability, Fidelity, Workers' Compensation and Directors' and Officers' Policies.

**COMMISSION PAYMENT INFORMATION**

Please complete the following to for payment of commissions to your agency. Please provide us as much information as you can in order to ensure proper payment of commissions.

**Payee Name:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, State, Zip

**Broker A/R Contact:** \_\_\_\_\_  
Name

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title) (Date)