



BROKER APPLICATION

Important Instructions

1. Fill out the Application in its entirety.
2. Attach copies of the following:
 - 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 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:

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)