



# INNOVATIVE INSURANCE SOLUTIONS, INC.

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Minden NV 89423-4465

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877-411-1151

329 4474  
877-FAX-1151

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## BROKER SETUP FORM

### GENERAL INFORMATION

**LEGAL NAME** \_\_\_\_\_

**DBA NAME(S)** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**FACSIMILE** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

### CONTACT INFORMATION

**CONTACT NAME** \_\_\_\_\_

**TITLE / POSITION** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**FACSIMILE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_



## CORPORATE INFORMATION

**DATE OPERATIONS BEGAN** \_\_\_\_\_

**FEIN / TAX IDENTIFICATION #** \_\_\_\_\_

We are...

**PUBLICLY HELD**

**PRIVATELY HELD**

Organized as a...

**SOLE PROPRIETORSHIP**

**PARTNERSHIP**

**CORPORATION**

**OTHER ( \_\_\_\_\_ )**

With...

**A SINGLE LOCATION**

**MULTIPLE LOCATIONS**

If this location is NOT the home office, please provide the **home office information...**

**PHYSICAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**FACSIMILE** \_\_\_\_\_

## ERRORS & OMISSIONS INFORMATION

**CARRIER** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

**POLICY LIMITS** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_



## LICENSE INFORMATION

### Agency/Brokerage/Producer Firm License Information

NAME ON LICENSE \_\_\_\_\_

ISSUING STATE \_\_\_\_\_

LICENSE # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

### Surplus Lines License Information (if applicable)

NAME ON LICENSE \_\_\_\_\_

ISSUING STATE \_\_\_\_\_

LICENSE # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

## ACCOUNTING INFORMATION

CONTACT NAME \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FACSIMILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

We would like to receive our statements via...

E-MAIL

FAX

Our accounting (i.e., Accounts Payable) is handled at...

THIS LOCATION

OUR HOME OFFICE