



Van Wagoner Companies, Inc.
1134 COMMERCE DRIVE
RICHARDSON, TX 75081
(972) 331-6566 • Fax (972) 331-6599

Branch Office Supplemental

This supplemental must be completed for **EACH** branch office to be covered under this policy.

1) Business Name

2) Full Address

3) Phone Fax Email

4) Date location was established

5) Who is office manager at this location?

a) Do they have managerial experience? Yes No

b) If yes – How long?

c) Are they licensed? Yes No

d) Number of years licensed?

6) What is the estimated volume for this location for the current policy period?

7) Operating systems/procedures – are they using the same system/procedures as their other location(s) or are they using new system/procedures?

8) Is all incoming mail date stamped and worked every business day ? Y N

9) How long do you maintain your records? _____

10) Do you give written binders to your Insureds? Y N

11) How and when do you notify the insurer of your binding (if allowed) them to a risk?
Explain _____

12) Do you document the file for all business related conversations? Y N

13) Do you require a form of written request from your Insureds who desire their coverage to be increased, reduced or eliminated? Y N

The undersigned understands and accepts that any policy/endorsement issued will provide coverage to the above location only in respect of services performed on behalf of the Insured and only for terms and conditions set forth in the policy/endorsement. The undersigned also understands that any premium charged for this coverage is fully earned.

Insured Signature

Date