

**KNOX COUNTY SCHOOLS
2015-2016 VENDOR QUESTIONNAIRE**

Name of Company_____

Agent(s) Name_____

Address_____

City & State_____ Zip_____ Telephone #(s)_____

Fax #_____ E-mail address_____ Web page address_____

What are the normal business hours?_____

Other names the company has been known by_____

Please name all of the products you will be selling and give us a brief description of each product/service

How long has the company been in business?_____

How long has each agent been with the company?_____

Has there ever been a complaint filed against the company represented with the Better Business Bureau or any other like company? Yes___ No___ What was the nature of the complaint?_____

How was it resolved?_____

Have you had a letter from the Superintendent granting you permission to go into the Knox County Schools before? Yes___ No___ What years have you had a letter?_____

What are the agents names that should be on your letter granting permission?_____

In order to process your letter you must provide us with 1) completed questionnaire with all the names listed on it and 2) a signed copy of the rules for each agent listed on the questionnaire.

I confirm that all of the information above is accurate. I understand that knowingly providing false and/or misleading information in this application, to Knox County Employees or to the Benefits & Labor Relations Office may subject me or my company to action including but not limited to having my letter of permission revoked. I understand that I cannot sell life insurance, accidental death and dismemberment insurance, dental insurance, health insurance or vision insurance.

Signature of Agent

Date

Printed Name of Agent