

# Producer Questionnaire

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Brokerage Name:		DBA:	
Address:		City:	State:      Zip:
Phone:	Fax:	Email:	Website:
FEIN:	License Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		Year Established:

Brief history and description of your firm:	

List all owner(s) of the business entity (Partners, Corporate Officers, Etc.):			
Name:	Title:	Percentage of Ownership:	License Number:

Are any of the above engaged in any other business or occupation outside of this brokerage? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, please explain:

Has any brokerage Principal ever filed bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, please provide details:

List all lawsuits in which you or your company has been a Plaintiff OR Defendant in the last five (5) years. (Please provide details including State, Case Number & Result.)

Has your brokerage ever done business under any other name? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, provide name and reason for change:

List all brokers, solicitors, producers, sales persons, etc. placing business through your brokerage:				
Name	License	Expertise	Years with Brokerage	Years in Industry

List the names of the top five (5) General Agencies and/or Insurance carriers you place business with.				
General Agent	Insurance Company	Line(s) of Business	Volume	Loss Ratio
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Agency Volume:			
Projected for next year	Current Year	First Previous Year	Second Previous Year
\$	\$	\$	\$

Percentage of Business & Premium Volume generated by Line of Business:					
Line of Business	Percentage	Volume	Line of Business	Percentage	Volume
Commercial Fire & Inland Marine	%	\$	Commercial Umbrella/Excess:	%	\$
Personal Umbrella/Excess	%	\$	Garage Dealers	%	\$
Commercial Auto	%	\$	Workers Compensation	%	\$
Life	%	\$	Accident/Health	%	\$
Homeowners	%	\$	Personal Auto	%	\$
Personal Floater	%	\$	Other:	%	\$

If you have more than one office, please provide information below:							
Address:		City:		State:		Zip:	
Phone:		Fax:		Contact Person:		Email:	

Errors & Omission Carrier:		Limit:	\$	Deductible:	\$
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Which General Agent and/or Insurance Company does your agency feel is most competitive & why?

Which Specific Classes of business does your agency feel, We will be of the greatest assistance?

What annual Volume do you anticipate placing with us?							
First six months:	\$	First Year:	\$	Second Year:	\$	Third Year:	\$

If agency is a new venture or if there has been an ownership change, please explain:

