

**PRODUCER QUESTIONNAIRE**

1. Full Name of Producer: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Year established \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

5. Address(es) of Branches: \_\_\_\_\_

6. Licensed in what states: (attach copies of license(s)) \_\_\_\_\_

7. List of principals, partners or officers of the agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. During the past five years, has the name of the agency been changed, or has any other business been purchased, merged or consolidated with the agency or has there been any other change in ownership or management? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

9. Do you carry Errors and Omissions coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach copy of E & O insurance coverage and current copy of agency license.**

10. Have there been any E&O claims, complaints filed with regulatory authorities, license revocations or civil or criminal convictions involving your agency in the past five year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a statement giving details and current status of any such item, including dates and amounts of any claims.

11. Annual premium volume \$ \_\_\_\_\_ Commercial lines % \_\_\_\_\_

Total agency staff \_\_\_\_\_ Personal lines % \_\_\_\_\_

12. Contracted Insurers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Contracted Wholesale Brokers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Key administrative/marketing personnel with Email addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Would you like to receive quarterly BIB updates/newsletters by: (check one)

Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_

16. Special interest/needs: \_\_\_\_\_  
\_\_\_\_\_

17. Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*\*Don't forget to attach copy of E & O coverage and current copy of agency license\*\***