



PRODUCER PROFILE QUESTIONNAIRE

I. PROFILE

A. Agency Name:

Address:

City:

State:

Zip Code:

Phone:

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Fax:

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E-mail:

B. Structure:

Corporation

Partnership

Individual

Other:

C. State/Country Incorporated:

Year Incorporated/Began Business:

Tax ID:

D. When was present ownership established:

E. If present ownership established within five years, list previous entities merged or purchased within present ownership:

Previous Entities	Year Acquired	Comments
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F. Ownership:

Principals	Title	Percentage Ownership	Years With Firm	Years Experience
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G. Are you owned, affiliated, or controlled by, associated with, or engaged in any other business interest?

Yes

No

If yes, explain:

H. Primary Business Conducted:

Other Business Conducted:

I. Association Memberships:

II. LICENSES

A. State Licenses held:

State	Held by	Effective Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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III. DUE DILIGENCE

E. Errors & Omissions Insurance Please provide a copy of the Declarations page of your policy.

F. Fidelity Bond Please provide a copy.

Any prior claims? Yes No If yes, give details: _____

G. Please answer the following questions to the best of your knowledge and belief.

Has your firm or principals:	Yes	No
1. Had an adverse credit history?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had any business failure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been declared or adjudicated bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been subject to any suits, judgments, or liens?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been or now under any investigation by any Insurance Department?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been refused an insurance license by any state?	<input type="checkbox"/>	<input type="checkbox"/>
7. Had an insurance license suspended or revoked, or been named in an administrative proceeding by any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had appointment terminated by a Company for cause?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been charged with a felony or any other crime?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain fully any "yes" answers:

IV. ACKNOWLEDGMENT

The above information is true and complete to the best of my knowledge and belief.

Signed by: _____

Title: _____

Date: _____

FOR COMPANY USE ONLY			
Approval		Date:	
Agency Code # Assigned			