



New Producer Questionnaire

1. Agency Name: _____

2. Legal Name if different from above: _____

3. Address (Principal Location) _____

4. Mailing address: _____

5. Phone #: _____ Fax #: _____

6. Email: _____ / Years under current ownership: _____

7. Federal Tax ID / SSN # _____ Website _____

8. Referral Source: _____

9. Corporation Partnership Sole Proprietorship

10. Year Business Established (or) date of Incorporation _____

11. Within the last five years has there been any of the following:

Change In agency name Change In ownership Merged with another agency

Acquisition of another agency if yes please Explain.

12. Are you or have you been involved in any other insurance entity? No Yes

If yes please explain _____

Agency License # and State (Please Attach) _____

13. Have you or anyone in your agency been sued concerning insurance related activities? _____

Please Explain _____

14. Have you, your employees, or agency been disciplined by ANY state agency or department of insurance? No yes . If yes please explain : _____

15. Provide current errors and omissions insurance information, Carrier, Limits, Deductible, Exp Date:

16. Do you use an Agency Automation System? If yes which one? _____

16. Key Agency Personnel

Name	Title	License #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

17. List Principal Companies / General Agents in order of premium volume.

Name	Line of Business	Annual Premium	Loss Ratio
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I represent and warrant that the statements made in this application are true to the best of my knowledge, information and belief.

Print or type Agency Name: _____

By (Signature) of authorized person : _____ Date: _____

Print or type Name and Title : _____

Please attach copies of the following to your application:

- Richmond Broker Agreement Individual brokers and agency license(s)
- Completed and Signed IRS form W-9 4 Completed and Signed Commission Schedule
- Errors & omission Dec Page.