

Producer Questionnaire

Please type or write your answers. Use separate answer sheets as necessary.

A. GENERAL			
NAME OF FIRM:			
PRINCIPAL ADDRESS			
STREET:			
SUITE/BUILDING/ETC:			
CITY:			
STATE:		ZIP:	
MAILING ADDRESS (if different from above)			
STREET:			
SUITE/BUILDING/ETC:			
CITY:			
STATE:		ZIP:	
TELEPHONE:			
WEBSITE:			
EMAIL ADDRESS:			
TYPE OF FIRM: Partnership/ Sole Proprietor/LLC/Other			
FEDERAL TAXPAYER ID:			

KEY CONTACT	
NAME:	
TELEPHONE #:	
EMAIL ADDRESS:	

B. BACKGROUND	
YEAR ESTABLISHED	
DURING THE PAST FIVE YEARS HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM OR HAS THE FIRM CHANGED NAMES? YES NO	
IF YES, EXPLAIN:	
IS FIRM ASSOCIATED OR AFFILIATED WITH, OR CONTROLLED (WHETHER THROUGH THE OWNERSHIP OF SECURITIES, BY CONTRACT OR OTHERWISE) BY ANY OTHER BUSINESS INTEREST OR PERSON? YES NO	
IF YES, EXPLAIN:	

C. OWNERS, DIRECTORS AND PERSONNEL					
ALL PERSONNEL					
CURRENT YEAR:		PRIOR YEAR:		TOTAL HEADCOUNT:	

OWNERS IN ORDER OF OWNERSHIP (Attach list if necessary)				
NAME:	TITLE OR POSITION:	YEAR STARTED IN INSURANCE:	YEAR STARTED WITH FIRM:	% OF OWNERSHIP:

NAME:	TITLE OR POSITION:	YEAR STARTED IN INSURANCE	YEAR STARTED WITH FIRM	% OF OWNERSHIP

KEY MANAGEMENT CONTACT:	
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D. OPERATIONS:			
LIST ALL BRANCH OFFICES INCLUDING ADDRESSES, TELEPHONE NUMBERS AND KEY BRANCH MANAGER (This data is used to create producer locations within our underwriting platform. Please attach list if extensive)			
BRANCH NAME:			
STREET ADDRESS			
CITY			
STATE		ZIP:	
TELEPHONE:			
KEY BRANCH MANGER			

BRANCH NAME:			
STREET ADDRESS			
CITY			
STATE		ZIP:	
TELEPHONE:			
KEY BRANCH MANGER			



BRANCH NAME:			
STREET ADDRESS			
CITY			
STATE		ZIP:	
TELEPHONE:			
KEY BRANCH MANGER			

BRANCH NAME:			
STREET ADDRESS			
CITY			
STATE		ZIP:	
TELEPHONE:			
KEY BRANCH MANGER			

DOES FIRM OPERATE AS A WHOLESALER (BROKER, AGENT), RETAILER OR COMBINATION?					
RETAIL%		WHOLESALE BROKER %		AGENT BINDING AUTHORITY %	
IS FIRM LICENSED/AUTHORIZED AS AN AGENT, BROKER, E&S BROKER, NON-RESIDENT AGENT/BROKER, REINSURANCE BROKER/INTERMEDIARY, CLAIMS ADJUSTER, THIRD PARTY ADMINISTRATOR AND/OR OTHER INSURANCE OR REINSURANCE RELATED OR OTHER ORGANIZATION?					

LIST / ATTACH COPIES OF ALL LICENSES/AUTHORIZATIONS:

LINE #	STATE	TYPE OF LICENSE	NAME OF LICENSEE/AUTHORIZATION	LICENSE/ AUTHORIZATION #	EFFECTIVE DATE	EXPIRATION DATE
1						
2						
3						
4						
5						
6						
7						
8						
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10						
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12						
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30						

E. PREMIUM VOLUME AND DISTRIBUTION	
TOTAL VOLUME	
CURRENT YEAR PROJECTION	
PRIOR YEAR 1	
PRIOR YEAR 2	
GROSS WRITTEN PREMIUM BY LINE (PRIOR YEAR):	
GENERAL LIABILITY	
PROFESSIONAL LIABILITY	
PACKAGES	
COMMERCIAL PROPERTY	
COMMERCIAL AUTO	
HOMEOWNERS	
WORKERS COMPENSATION	
LIFE/HEALTH	
OTHER	
OTHER	
OTHER	
OTHER	
TOTAL	

COMPANIES DISCONTINUED IN THE LAST THREE YEARS (DESCRIBE REASONS WHY):	

F. FINANCIALS	
NAME OF ACCOUNTING CONTACT:	
BANK NAME:	
BANK ADDRESS:	
BANK CONTACT:	
TELEPHONE #:	
ACCOUNT DETAILS:	

G. FIRM INSURANCE COVERAGES
PLEASE PROVIDE COPIES OF FOLLOWING CURRENT INSURANCE POLICY DEC PAGES:
<ul style="list-style-type: none"> • FIDELITY COVERAGE OVER ALL OWNERS, OFFICERS, EMPLOYEES AND AGENTS • AGENTS/BROKERS E & O COVERAGE • COMMERCIAL GENERAL LIABILITY COVERAGE
PLEASE LIST AND DETAIL ANY CLAIMS ON ANY OF THE ABOVE POLICIES IN THE LAST 5 (FIVE) YEARS

H. OTHER			
HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN REFUSED A LICENSE OR OTHER AUTHORIZATION BY ANY REGULATORY AUTHORITY, OR HAS ANY LICENSE OR OTHER AUTHORIZATION EVER BEEN MODIFIED, SUSPENDED OR REVOKED, OR HAS ANY DISCIPLINARY ACTION BY ANY REGULATORY AUTHORITY EVER BEEN TAKEN WITH RESPECT TO ANY LICENSE OR OTHER AUTHORIZATION?			
YES		NO	
HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN SUBJECT TO ANY DISCIPLINARY OR OTHER ACTION OR PROCEEDING BY ANY REGULATORY AUTHORITY?			
YES		NO	
HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN DENIED A FIDELITY OR OTHER BOND, OR HAD A BOND CANCELED OR REVOKED?			
YES		NO	
HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER COMMITTED OR BEEN CHARGED WITH A VIOLATION OF ANY LEGAL REQUIREMENT (EXCLUDING MINOR TRAFFIC VIOLATIONS) OR EVER BEEN CONVICTED OR HAD A SENTENCE IMPOSED OR SUSPENDED OR HAD A PRONOUNCEMENT OF A SENTENCE SUSPENDED OR BEEN PARDONED FOR CONVICTION OF OR PLEADED GUILTY OR NOLO CONTENDERE TO AN INFORMATION OR INDICTMENT CHARGING ANY VIOLATION OF ANY LEGAL REQUIREMENT (EXCLUDING MINOR TRAFFIC VIOLATIONS) INCLUDING, BUT NOT LIMITED TO, ANY FELONY, OR CHARGING A MISDEMEANOR INVOLVING EMBEZZLEMENT, THEFT, LARCENY OR MAIL OR OTHER FRAUD, OR CHARGING A VIOLATION OF ANY CORPORATE SECURITIES LAW OR ANY INSURANCE LAW OR ANY OTHER LEGAL REQUIREMENT?			
YES		NO	
ARE THERE ANY THREATENED OR PENDING LITIGATIONS OR JUDGMENTS AGAINST THE FIRM OR ANY OF ITS SECURITIES HOLDERS, PARTNERS, MEMBERS, PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS, OR ANY AFFILIATES OF ANY OF THE FOREGOING?			
YES		NO	



THE UNDERSIGNED BEING DULY AUTHORIZED HEREBY CERTIFIES THAT ALL OF THE INFORMATION GIVEN TO BALANCE PARTNERS, LLC IN THIS QUESTIONNAIRE, IN THE ATTACHMENTS HERETO AND OTHERWISE IS TRUE, CORRECT, COMPLETE AND ACCURATE AND THAT THERE HAVE BEEN NO MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS OF FACTS.

FIRM:

BY (Signature):

PRINT NAME:

TITLE:

DATE:
