



PRODUCER QUESTIONNAIRE

Agency Contact

First Name: _____ Last Name: _____
Email Address: _____
Job Title: _____ Department: _____

Agency/Broker Information

Agency/Broker Name: _____
Website: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Work Phone: _____ Ext.: _____
Fax Phone: _____

Operations Information

How is organization licensed? (Choose all that apply)
 Agent Broker Excess & Surplus Lines Other (Please Describe Other)
Date Agency Opened: _____
Please check one: Corporation Partnership Sole Proprietorship
Federal Tax I.D. Number: _____
Excess and Surplus Lines License Number: _____

Premium Volume and Distribution

Commission Income Breakdown

% Retail % Wholesale Brokerage % MGA (Binding Authority) % Other

Premium Volume (approximate for current year): \$ _____ Prior Year \$ _____

% Commercial Lines % Professional
% Personal Lines % Auto
% Marine % Other

Please list the three principle Insurance Carriers your agency represents and annual production for each.

\$
\$
\$

List Wholesalers/MGAs you currently represent and approximate annual production with each?

\$
\$
\$
\$

Personnel

Breakdown of Organization's Staff (number):

Principal / Owners	Other Licensed Employees
Producers (Salespeople)	Other Employees
Total Staff	

Principals, Owners, Officers & Directors

Name	Title	Email address
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Name	Title	Email address
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Name	Title	Email address
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Licensed Agents

Agent Name	Type of License	License #	Email address
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Agency Contacts - Email Addresses

Please provide a list of names and email addresses to help us keep you informed on products, services and important announcements.

- Marketing
- Accounting
- Policy Delivery
- Claims

Financial and Other Information

Internal Accounting Contact Name:

Phone number: Ext. Email address:

Name and Address of bank where premium trust held Account # Phone #

Do you maintain Employee Dishonesty Coverage for all Officers and Employees? Yes No

Do you Maintain Errors & Omission Coverage? Yes No Limits: \$

Have you or any officer, director or member of your organization ever had an insurance license suspended or terminated for any reason, or ever been subject to any disciplinary action? Yes No
If yes, please explain .


Is there any pending or threatened litigation or judgments within the past five years exceeding \$10,000 against the agency, its agents or brokers or any principals of the organization? Yes No If yes, please explain .

List all states for which you plan to submit business to Hull & Company.
Are you fully licensed in each of these states? Yes No

Please include:

1. Copy of insurance license issued by state of residence or agency domicile.
2. Certificate of insurance for your current professional liability (E&O) insurance.
3. IRS Form W-9
4. Signed Producer Agreement

Please send REQUIRED DOCUMENTS to agencysetup@bridge-grp.com

Before sending this document, lock your check boxes and text fields by pressing this button 

Notice: once you lock the document, no changes can be made!