



## 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  
Producers (Salespeople)  
Total Staff  
Other Licensed Employees  
Other Employees

**Principals, Owners, Officers & Directors**

Name Title Email address

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Name Title Email address

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Name Title Email address

**Licensed Agents**

Agent Name Type of License License # Email address

**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  
Brandi Wyant @ [Brandi.Wyant@hullco.com](mailto:Brandi.Wyant@hullco.com)

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