**Producer Questionnaire**

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

**A. GENERAL**

Legal Name of Firm:

|  |  |
| --- | --- |
| **Principal Address:** Street:       Bldg/Ste #:       City, State, Zip:       Telephone:       Website:       Email Address:        | **Mailing Address:** **(If different than principal address)**Street:       Bldg/Ste #:       City, State, Zip:       Type of Firm:       Federal Taxpayer ID:        |

**Key Contact:**

Name:

Telephone#:

Email Address:

**B. FIRM INSURANCE COVERAGES**

Please provide copies of following current insurance policy dec pages:

1. Fidelity coverage over all owners, officers, employees, and agents
2. Agents/brokers E&O coverage
3. Commercial general liability coverage

Please list and detail any claims on any of the above policies in the last 5 years:

**C. BACKGROUND**

1. Year Established:

2. During the past five years has the firm acquired/merged with another firm or has the firm changed names? [ ]  Yes [ ]  No

If yes, explain:

3. 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:

**D. OWNERS, DIRECTORS AND PERSONNEL**

Personnel: Account Executives:       Account Managers:       Total Staff:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OWNERS AND OWNERSHIP** (Attach list if necessary) | **1st Individual** | **2nd Individual** | **3rd Individual** | **4th Individual** |
| Name: |       |       |       |       |
| Title or Position: |       |       |       |       |
| Year Started in Insurance: |       |       |       |       |
| Year Started with Firm: |       |       |       |       |
| % of Ownership: |       |       |       |       |

**Management Contact:**

Name:

Telephone#:

Email Address:

**E. OPERATIONS**

1. List all branch offices including addresses, telephone numbers and key branch manager. This data is used to create producer locations within our underwriting platform. [ ]  N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Branch Office**(Attach list if necessary) | **Branch #1:** | **Branch #2:** | **Branch #3:** | **Branch #4:** |
| Branch Name (if any): |       |       |       |       |
| Street Address:  |       |       |       |       |
| Bldg/Ste # |       |       |       |       |
| City, State, Zip: |       |       |       |       |
| Branch Manager Name: |       |       |       |       |
| Branch Manager Telephone: |       |       |       |       |
| Branch Manager Email:  |       |       |       |       |

2. Does firm operate as a wholesaler (broker, agent), retailer or combination?

 Retail       % Wholesale Broker       % MGA/Binding Authority       %

3. 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? [ ]  Yes [ ]  No

If yes, explain:

4. List or **attach copies** of all licenses/authorizations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **License or Authorization**(Attach list if necessary) | **License #1:** | **License #2:** | **License #3:** | **License #4:** |
| Type of License/Authorization\*: |       |       |       |       |
| Name of License/Authorization |       |       |       |       |
| License/Authorization ID # |       |       |       |       |
| State or Jurisdiction Granted: |       |       |       |       |

\* Indicate type of license such as agent, broker, E&S broker, non-resident agent/broker, claims adjuster, etc.

STATES WHERE AGENCY IS LICENSED:

**F. PREMIUM VOLUME AND DISTRIBUTION**

**TOTAL VOLUME:**CURRENT YEAR PROJECTION $
PRIOR YEAR 1 $
PRIOR YEAR 2 $

**MULTI-FAMILY/APARTMENT VOLUME:**

CURRENT YEAR PROJECTION $
PRIOR YEAR 1 $
PRIOR YEAR 2 $

Has the firm discontinued or terminated any carriers or companies in the last 3 years? [ ]  Yes [ ]  No

If yes, explain:

**G. FINANCIALS**

Accounting Contact:

Bank Name:

Bank Address:

Bank Contact:

Telephone #:

Account Details:

**I. 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

If yes, explain:

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

If yes, explain:

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

If yes, explain:

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

If yes, explain:

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

If yes, explain:

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.

NAME OF FIRM:

SIGNED BY: DATE:

(Signature of active owner, partner, or executive officer)

PRINT NAME:

TITLE: