



# SPECIALTY INSURANCE MANAGERS, INC.

\* AUSTIN \* ARLINGTON \* GRANBURY \* HOUSTON \* LUBBOCK

## PRODUCER QUESTIONNAIRE

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business Tax No. or Social Security No. \_\_\_\_\_

Agency is:  Individual  Partnership  Corporation

If subsidiary, list agency's parent corporation \_\_\_\_\_

How many years has agency been established? \_\_\_\_\_ Years

List any former agency names or previous addresses \_\_\_\_\_

## PRINCIPALS, PARTNERS OR CORPORATE OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_

Residential Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Residential Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Residential Address \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Number of Branch Offices \_\_\_\_\_

Number of Licensed Producers \_\_\_\_\_

## PERSONAL HISTORY OF MAJOR PRINCIPALS

Agent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you active in the agency? \_\_\_\_\_

What are your other business interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PREVIOUS BUSINESS EXPERIENCE (LAST 7 YEARS)

From	To	Position	Name of Firm and Address	Reason for Changing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PERSONAL HISTORY OF MAJOR PRINCIPALS

Agent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you active in the agency? \_\_\_\_\_

What are your other business interests? \_\_\_\_\_

## PREVIOUS BUSINESS EXPERIENCE (LAST 7 YEARS)

From	To	Position	Name of Firm and Address	Reason for Changing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PROPERTY AND CASUALTY LICENSES

Names as Shown on State License	Type of License	License No.	Individual S.S. Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Attach photocopies of all property and casualty licenses.

## AGENCY INFORMATION

Give a brief statement describing type of business written by agency and sources of such business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Companies (Last fiscal year) And Address	Property and Casualty Volume	Length of Representation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Agency Premium Volume by Year for 3 Prior Years

Year	Personal	Commercial
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the percentage of business derived from sources other than direct agency solicitation (if auto dealers, banks, etc)? Please explain. \_\_\_\_\_

List All Changes in Company Connections by Your Agency in the Past 3 years

Companies Added	Date	Companies Terminated	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has agency ever been sued as a result of official acts performed?  Yes  No

If yes, please complete the following:

Date of Lawsuit	Nature of Lawsuit	Legal Results	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does agency carry Errors and Omissions Insurance?  Yes  No

If yes, please furnish certificate of insurance and/or complete the following:

Underwriter And/or Company	Policy No.	Policy Period From	To	Liability Deductible	SIR
_____	_____	_____	_____	_____	_____

Does agency's umbrella or excess cover Agent's E & O?  Yes  No

If yes, please provide the following:

Underwriter And/or Company	Policy No.	Policy Period From	To	Limits of Liability
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## FINANCIAL INFORMATION

Please attach audited financial statement for prior fiscal year.

Please provide current financial information as described below:

Date of financial statement below is: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### Premiums Due From Insureds

For Premiums written  
In (present month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_

For Premiums written  
In (last month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_

For Premiums written  
In (2<sup>nd</sup> prior month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

### Premiums Due from Insurance Companies

For net Premiums written  
in (present month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_

For net Premiums written  
in (last month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_

For net Premiums written  
in (2<sup>nd</sup> prior month) \$ \_\_\_\_\_  
Month of \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

### Agency Owns (Assets)

Premium trust bank account \$ \_\_\_\_\_  
Cash on hand (in bank) \$ \_\_\_\_\_  
Premiums due from insureds \$ \_\_\_\_\_  
All other amounts receivable \$ \_\_\_\_\_

TOTAL cash and receivables \$ \_\_\_\_\_

\*Office furniture and equipment \$ \_\_\_\_\_

\*Automobiles (Year/Make) \$ \_\_\_\_\_

Real Estate Owned \$ \_\_\_\_\_  
Less Mortgage \$ \_\_\_\_\_

Cash value of life insurance \$ \_\_\_\_\_  
Case value of stocks, bonds \$ \_\_\_\_\_  
Itemize other assets (see attached) \$ \_\_\_\_\_  
Average annual commissions \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

### Agency Owes (Liabilities)

Amount due to insurance companies \$ \_\_\_\_\_  
All other accounts due \$ \_\_\_\_\_  
TOTAL amounts payable \$ \_\_\_\_\_  
Notes payable to banks (describe) \$ \_\_\_\_\_

All other notes payable (describe) \$ \_\_\_\_\_

Federal income tax payable \$ \_\_\_\_\_  
Itemize any other liabilities (see attached) \$ \_\_\_\_\_  
Net worth of agent \$ \_\_\_\_\_  
Capital stock (if corporation) \$ \_\_\_\_\_  
Surplus (if corporation) \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

\*Actual or depreciated value

List Banks Where Agency Maintains Accounts

Type of Account	Name of Bank and Address	Account Officer
Business Account	_____	_____
Premium Trust Account	_____	_____
Personal Account	_____	_____

If more than one agency office, list central accounting office, personnel and phone no.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does agency utilize specialty insurance companies?  Yes  No If yes, please list.

Name of Specialty Company	Type of Business	Amount of Business	Loss Record	Length of Representation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Principal Wholesale Brokers

Name and Address	Length of Association	Brokers Terminated (last 6 years)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_