

New Producer Questionnaire

Date: ____ / ____ / ____

Agency Information

1. Agency Name: _____
2. Legal name if different from above: _____
3. Address (Principal Location):
 Mailing Address
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Office Location (if different)
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Email: _____
4. Federal Tax ID/Social Security Number: _____
5. Website: _____
6. Referral Source: _____

Agency Structure

1. Please select one of the following:
 - Corporation
 - Partnership
 - Sole Proprietorship
2. Year business established (or) date of incorporation: _____
3. Years under Current Ownership: _____
4. Please provide the percentage at which your firm operates.

	Percentage
Wholesale	
Retail	
MGA or Program Manager	

5. Within the last five years has there been any of the following:

- Change in agency name
- Change in ownership
- Merged with another agency
- Acquisition of another agency

5.1 If yes, please explain:

6. Are you or have you been involved in any other insurance entity? YES NO

6.1 If yes, please explain:

7. Are you involved in any type of business other than insurance? YES NO

7.1 If yes, please explain:

8. Please provide the percentages of the mix of business:

	Percentage
Personal	
Commercial	
Benefits	

9. Please provide all lines premium volume for last three fiscal years:

Prior Complete Year	
2 nd Prior Complete Year	
3 rd Prior Complete Year	

10. Please provide the written premiums for the following lines of business where appropriate:

Line of Business	Current Year	Prior Complete Year
Commercial Lines		
Commercial Package/Liability		
Mono-Line General Liability		
Commercial Inland Marine		
Professional Liability		
Fidelity & Surety		
Workers Compensation		
Other Commercial Lines		
Total Commercial Lines		

11. Please provide the written premiums for the following lines of business where appropriate:

Line of Business	Current Year	Prior Complete Year
Personal Lines		
Homeowners/Dwelling Fire		
Private Passenger Automobile		
Personal Umbrella		
Total Personal Lines		

12. List the top three companies represented by your agency. Include all written premium volume for the last two years.

Carrier Name	Current Year	Prior Complete Year
1.		
2.		
3.		

13. Please attach the annual Premium & Loss reports for your top 3 carriers.

14. Do you use sub-producers/brokers? YES NO

14.1 If yes, how many current sub-producers do you have? _____

14.2 If yes, please attach a copy of your standard sub-producer/broker contract.

Marketing Information

1. What do you consider your target market(s)?

2. What territories and/or counties does your agency serve?

3. What methods do you use to acquire new business?

4. Please describe your market needs.

5. Are you a wholesaler or MGA with Binding Authority Programs? YES NO

5.1 If yes, please provide the following:

Carrier: _____

Business Segment(s): _____

Policy Administrative Services: YES NO

6. Have you had companies discontinued in the past five years? YES NO

6.1 If yes, please provide the company and reason:

Company	Reason

Agency Forecasts

1. What is a reasonable expectation of volume for Tower Group in the first three years of representation?

	First Year	Second Year	Third Year
Commercial			
Personal			

2. How will Tower Group volume projections be achieved?

	Percentage
New Business	
Transfer from current company within agency	
Transfer from discontinued company	

3. Please provide comments on current agency results and growth strategies.

Branch Locations

1. Do you have any branch locations?

YES NO

1.1 If yes, please list branches:

DBA Name	Address, City, State, Zip	Principal States where licensed & operating	Principal Contact

Staff Information

1. Please provide information on officers:

Name of Officer	Title	Telephone Number	Email Address

2. Please provide information on key agency contacts:

Title	Name	Phone Number	Email Address
Marketing Manager			
Personal Lines Manager			
Commercial Lines Manager			
Operations & Systems Manager			
Accounting/Collection Manager			

3. Please provide the staff count breakdown:

	Current Year
Owner, Partners & Principals	
Managers & Supervisors	
Brokers	
Employees	
Total Staff (All Locations)	

General Information

1. Please provide your bank information:

Bank Name: _____

Location: _____

2. Has your firm or any member of your firm received any disciplinary action by a State Insurance Department or other regulatory authority? YES NO
3. Has any principal of your firm been convicted of any crime? YES NO
4. Are there any pending, or threatened, judgments within the past five years exceeding \$10,000 against the agency or any of the principals? YES NO
5. Has your firm or any principal member ever filed for bankruptcy or reorganization under bankruptcy law? YES NO
6. Provide your current errors and omissions insurance information:

Name of Carrier: _____

Limits of Insurance: _____

Deductible: _____

Expiration Date: _____

Please attach copy of the declarations page from your errors and omissions policy.

Technology Information

1. Does your agency use a computer network? YES NO
1.1 If yes, what type?

2. Does your agency use a comparative rating system? YES NO
2.1 If yes, what type?

3. Does your agency use an agency management system? YES NO
3.1 If yes, what type?

4. Does your agency use a document management tool? YES NO
4.1 If yes, what type?

5. Will you need downloading capability with our company? YES NO
5.1 If yes, please provide the following download related information:
Download Batch ID Number: _____
Destination Address: _____
IVANS Account Number: _____
Participant Code: _____
6. What policy information do you want downloaded:
- Commercial
 - Auto
 - Home
 - Package
 - Commission Statements

7. What is your IP address? _____
8. What is URL for your agency's website? _____
9. Does your agency use real time technologies? YES NO
 9.1 If yes, please indicate which of the following technology you use.
 TransactNOW
 Transformation Station
10. Does your agency use other technologies? YES NO
 10.1 If yes, please explain what they are. Examples would include AMS Performance Analyzed and AMS Producer Plus.

11. Do you have administrative, technical and physical safeguards for data protection? YES NO
 11.1 If yes, what are they?

12. Is access to Personal Identifiable Information limited to those people who have a need to know in connection with your legitimate business purpose, or in order to comply with state or federal regulations? YES NO
13. Do you encrypt all Personal Identifiable Information records and files transmitted across public networks? YES NO
14. On any system that is connected to the Internet, do you have reasonably up-to-date firewall protection for files containing Personal Identifiable Information; and operating system security patches to maintain the integrity of the Personal Identifiable Information? YES NO
15. Do you have monitoring in place to alert you to the occurrence of unauthorized use of or access to Personal Identifiable Information? YES NO

Licensing Information

1. Agency Appointment
- 1.1 Resident License State: _____
- 1.2 Resident Entity License Number: _____
- 1.3 License Type: _____
- 1.4 Provide State Licenses: _____
- 1.5 Please attach copies of state resident & non-resident licenses.

Company Approvals

Reviewed By	Title	Approved/Declined	Date
	BDR		
	Branch Manager		
	Region Executive		