

Bailey Special Risks, Inc.
Producer Questionnaire

Agency Name: _____

How long has the agency been in business under this name: _____

Federal I.D. Number or Social Security Number: _____

Type of Entity: Sole Proprietorship Partnership or LLP LLC Corporation

Agency Mailing Address: _____

City/State/Zip: _____

Agency Location (if different from above): _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Web Address: _____ Toll Free Number: _____

President or CEO: _____

How long have you been a licensed insurance producer: _____

Are you a Citizen of the United States: Yes No

Accounting Contact: _____

Telephone Number: _____ Fax Number: _____

Bank Name: _____

Telephone Number: _____ Fax Number: _____

States in which you hold a resident/nonresident insurance license: _____

States in which you hold a resident/nonresident surplus lines license: _____

Please attach copies of these licenses (Be sure to furnish us with current copies at renewal)

How much business do you place **with** wholesalers/brokers: _____ %

How much business do you place **with** direct writers: _____ %

How much business do you place **as** a retail agent: _____ %

How much business do you place **as** a wholesale agent (if any): _____ %

Premium Volume: \$ _____

Personal Lines: _____ %

Commercial Lines: _____ %

What type of Commercial business do you write? Do you specialize: _____

List three (3) largest insurance companies with which you currently write business, list in order of production:

What wholesalers do you currently write business with, list in order of production:

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1) Have you ever been cancelled by a Wholesale Market? Yes No. If yes, please provide details: _____

2) Has the business entity or any owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company, or broker/wholesaler terminated for alleged misconduct? Yes No. If yes, please provide details: _____

3) Has the business entity or any owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No. If yes, please provide details: _____

4) Has any demand been made or judgment rendered against the business entity or any owner, partner, officer, or director for overdue monies by an insurer, wholesale broker, insured, or producer, or have you ever been subject to a bankruptcy proceeding? Yes No. If yes, please provide details: _____

5) Is the business entity or any owner, partner, officer, or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations or fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No. If yes, please provide details: _____

6) Has the business entity or any owner, partner, officer, or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a felony? Yes No. If yes, please provide details: _____

7) Has the business entity or any owner, partner, employee, officer, or director been the subject of any claim alleging an error or omission in an amount greater than \$5,000 in the past five (5) years? Yes No. If yes, please provide details: _____

Your business is important to us. How can BSR become a strategic business partner? _____

How did you hear about BSR? _____

I hereby certify that all of the information submitted in this questionnaire is true and complete to the best of my knowledge.

By: _____

Title: _____ Date: _____

(Must be an officer of the corporation or Chief Manager if LLC, Partner if Partnership or LLP or Owner for all other entities)