



PLEASE ATTACH:

W9

E&O Dec Page

Agency Licenses

PRODUCER QUESTIONNAIRE

Producer is: Retailer ☐ Wholesaler ☐

A) Do you accept any commercial business from other agents? ☐ Yes ☐ No

B) % of Wholesale GWP? _____

Legal Name of Producer: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ (Zip Code) _____

☐ Physical Address same as above

Physical Address: _____

City: _____ State: _____ (Zip Code) _____

Telephone: _____ Fax: _____ Web Site: _____

Name of Primary Contacts - Please include title, email address, and direct phone number. Also provide name of licensing contact with their direct phone number.

<u>Producer Contact (including Principal)</u>	<u>Title</u>	<u>Email Address</u>	<u>Phone Number</u>

<u>Accounting Contact</u>	<u>Title</u>	<u>Email Address</u>	<u>Phone Number</u>

<u>Licensing Contact</u>	<u>Title</u>	<u>Email Address</u>	<u>Phone Number</u>

Agent/Broker License#: _____ Expiration Date: _____

Surplus Lines License#: _____ Expiration Date: _____

Professional "E & O" Liability Coverage - ***MUST ATTACH COPY OF DECLARATION PAGE***

<u>Insurance Carrier</u>	<u>Policy #</u>	<u>Limits of Liability</u>	<u>Expiration (M/D/Y)</u>

List any related organizations including:

W.H. Greene & Associates, Inc

400 Quaker Road * East Aurora, NY 14052

Phone: 716/805-1090 * Fax: 716/805-1099 * Email: mail@whgreene.com * Web: whgreene.com

Parent Company: _____

Subsidiaries: _____

Other Related Organizations: _____

How many years has the firm been in business? _____

Give the prior names of the firm, and the dates the name changed:

Has the business entity or any officer or director ever:

been charged with or convicted of a crime: (if yes please explain)

YES ☐ or NO ☐

had a license revoked?

YES ☐ or NO ☐

been notified of or charged with bankruptcy?

YES ☐ or NO ☐

Agency Specialization

Does your office specialize in any specific area of business?

If so, please list specializations/programs;

Please provide total premium volume for the past 3 years.

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

Completed By: _____

Title: _____

Date: _____

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