

# INTERLINE

INSURANCE SERVICES, INC.

## NEW BROKER QUESTIONNAIRE

License No. 0629313 • 562-926-5061 • FAX 562-685-0202

Please print your information clearly. Use separate sheet if necessary.

### A.) GENERAL

1. Name of firm: \_\_\_\_\_
2. Principal address: \_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_
4. Telephone: (\_\_\_\_\_) \_\_\_\_\_
5. FAX: (\_\_\_\_\_) \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. Type of company:  Individual,  Partnership,  Corporation
8. Taxpayer I.D. No: \_\_\_\_\_

### B.) BACKGROUND

1. Year business established: \_\_\_\_\_
2. During the past (5) years has the firm acquired/merged with another firm, or has the name changed?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Is producer engaged in, owned by, associated or affiliated with or controlled by any other business interest?  Yes  No, If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
4. Are you a member of:  NAPSLO  AAMGA  Others \_\_\_\_\_, please list: \_\_\_\_\_  
\_\_\_\_\_

### C.) PRINCIPAL & PERSONNEL:

- | 1. Breakdown of producer's staff: | Current Year (how many?) | Prior Year (how many?) |
|-----------------------------------|--------------------------|------------------------|
| Principals/partner, owners,       | _____                    | _____                  |
| Office, managers:                 | _____                    | _____                  |
| Brokers: (Other than above):      | _____                    | _____                  |
| Other employees:                  | _____                    | _____                  |
| TOTAL STAFF:                      | _____                    | _____                  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Principals/officers/brokers (list in order of % of ownership and attach individual resumes)

Name(s):	Title/position:	Yrs/Ins.:	Yrs/producer (for you):	%/ownership:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D.) OPERATIONS**

1. Do you write business outside state of domicile?  Yes  No,

If yes, please explain: \_\_\_\_\_

List all branch of fices: \_\_\_\_\_  
\_\_\_\_\_

2. Does your brokerage firm operate as a:  Wholesaler,  MGA,  Retailer, or  Combination

\_\_\_\_\_ % Retail, \_\_\_\_\_ % Wholesale brokerage, \_\_\_\_\_ % MGA binding authority

3. How is your organization licensed, i.e., excess and surplus lines broker, reinsurance intermediary, or other insurance or reinsurance organization? \_\_\_\_\_  
\_\_\_\_\_

4. List states your firm has licenses with:

State:	License#:	State:	License#:
_____	_____	_____	_____
_____	_____	_____	_____

(Please attach copies of all current licenses)

5. List by state the number of agents/brokers from whom business is received:

State	# of agents	State	# of agents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Do the retail agents/brokers for whom you place business sign an agreement as respects submission of business and payment of premium? If yes, attach a copy of the agreement.  Yes  No

**E.) PREMIUM VOLUME AND DISTRIBUTION**

1. Your total volume last four years:

Year:	Volume:	Year:	Volume:
_____	_____	_____	_____
_____	_____	_____	_____

2. Premium volume: \_\_\_\_\_ Current Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

Auto: - Liability: \_\_\_\_\_

- Physical: \_\_\_\_\_

Physical damage: \_\_\_\_\_

Property: \_\_\_\_\_

General liability: \_\_\_\_\_

Umbrella & excess: \_\_\_\_\_

Packages: \_\_\_\_\_

Special programs: \_\_\_\_\_

Professional liability: \_\_\_\_\_

Personal lines: \_\_\_\_\_

Other (describe): \_\_\_\_\_

TOTAL: \_\_\_\_\_

3. List your major insurance companies in order of premium volume:

Name:	Years represented	Annual volume	Loss ratio	Binding authority
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. If answered yes to #3, describe the scope of your binding authority, lines of insurance, etc.:

\_\_\_\_\_

5. Describe your claims handling procedures:

\_\_\_\_\_  
\_\_\_\_\_

6. Insurance companies discontinued in the last (5) years:

Company	Reason:
_____	_____
_____	_____
_____	_____

**F. PRODUCTION TO INTERLINE:**

Anticipated volume to Interline will come from the following sources:

1. New business: ..... \$ \_\_\_\_\_

2. Transfer from current insurance company: ..... \$ \_\_\_\_\_

3. Transfer from discontinued insurance company: .... \$ \_\_\_\_\_

Explain briefly: \_\_\_\_\_

4. Briefly, how does your agency generate new business: \_\_\_\_\_

## G. FINANCIAL

1. Name of accounting contact: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Bank reference -Name: \_\_\_\_\_
- Trust account #: \_\_\_\_\_ Other: \_\_\_\_\_
- Bank address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

(Attach copy of latest financial statement.)

3. Do you maintain fidelity coverage over all officers and employees?  Yes  No

If so, what insurance company: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

Exp. date: \_\_\_\_\_

4. Do you maintain E&O coverage?  Yes  No

If so, what insurance company: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

Exp. date: \_\_\_\_\_

5. Has any member of your firm received any disciplinary action by a State insurance department or other regulatory authority?  Yes  No

If yes, explain: \_\_\_\_\_

6. Are there any pending or threatened litigation or judgments within the past 5 years exceeding \$10,000 against the broker or any of the principals?  Yes  No

If yes, explain: \_\_\_\_\_

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FORGOING ARE TRUE, COMPLETE AND ACCURATE WITH NO MISREPRESENTATION, OMISSIONS, OR ANY OTHER CONCEALMENT OF FACT.

Signature of applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Be sure to include copies of: 1. License, 2. Financial statement, 3. Fidelity dec. page, 4. E&O page with this questionnaire.)

Return to: Eric Litcher, (elitcher@meadowbrook.com)  
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