

Green Mountain Agency, Inc - Producer Questionnaire

Name

Date completed: _____

Name of Agency: _____

If subsidiary, list agency's parent corporation: _____

If sole-proprietor, list name of proprietor: _____

Federal Tax ID #: _____ NAIC NPN #: _____

Location address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Partnership Corporation LLC Individual Date Established: _____

List any former names or previous addresses: _____

Is this location home office or branch office (If home office, list names and addresses of branches on Addendum A)

Number of Branch Offices: _____

Brief statement describing the type of business written by the agency: _____

Ownership

Owners/Officers	Title
_____	_____
_____	_____
_____	_____
_____	_____

Brief explanation of each owner or officer's background

Green Mountain Agency, Inc - Producer Questionnaire

Personnel

	Contact Name	Telephone	Email
Office Manager:	_____	_____	_____
Bookkeeping:	_____	_____	_____
Commercial Lines:	_____	_____	_____
Personal Lines:	_____	_____	_____
Claims:	_____	_____	_____
Agency Portal Admin:	_____	_____	_____
Other:	_____	_____	_____

Marketing

Companies you are currently representing:

All company changes within last 3 years:

Companies Added and Date

Companies Terminated and Date

_____	_____
_____	_____
_____	_____

Total Agency Premium Volume by Year for 3 Prior Years:

Year	Personal	Commercial
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

What lines do you need to place:

Does Agency utilize specialty insurance companies? Yes No (if yes, please list):

Name of Carrier	Type of Business	Loss Record	Length of Representation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Wholesale Brokers currently using:

Green Mountain Agency, Inc - Producer Questionnaire

Legal History	Has agency ever been sued as a result of official acts performed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please list):			
	Date of Lawsuit	Nature of Lawsuit	Legal Results	Remarks
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Does Agency carry E & O Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide certificate of insurance or copy of E & O declarations page				
Does Agency's umbrella or excess cover Agents E & O? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide certificate of insurance or copy of Umbrella/Excess declarations page				

Bookkeeping	Contact Name	Telephone	Email Address
	_____	_____	_____
	If more than one Agency office, is bookkeeping centralized to one office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Contact Name	Telephone	Email Address
	_____	_____	_____
Financial Information: Please attach audited financial statement for prior fiscal year Please attach current fiscal year-to-date financial statements			

Document Handling	Agency Mailing Address:	_____
	Agency Shipping Address:	_____
	Agency Bookkeeping Address:	_____
	Agency Email Address for Monthly Statements:	_____
	Agency Email Address for Policies and Endorsements:	_____

I certify that the above information is true and correct, in accordance with my knowledge and belief.

Witness: _____

Name: _____

Date: _____

Green Mountain Agency, Inc - Producer Questionnaire

Addendum A – Schedule of Locations

Agency Group Information

Branch Name: _____

Name of Agency: _____

Location Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City, State & Zip: _____

Agency Common Email Address: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Job Title: _____

Telephone: _____ Fax: _____ Email: _____

For GMA use only: Agency Account Number Assigned AGT _____

**Complete this page for each of the branch offices
Please make duplicates if required**