

## MINICO BROKER QUESTIONNAIRE

### FIRM INFORMATION

1.	Name of Firm:		
2.	Principal Address:		
	City:	State:	ZIP:
3.	Mailing Address (if different than above):		
	City:	State:	ZIP:
4.	Telephone:	Fax:	
5.	Website:	Email:	
6.	Taxpayer ID Number:		
7.	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		

### BACKGROUND

1.	Year Business Established:		
2.	During the past five (5) years, has the firm acquired/merged with another firm or has the firm name changed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please explain:		
3.	Is the producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please explain:		
4.	Are you a member of: <input type="checkbox"/> NAPSLO <input type="checkbox"/> AAMGA <input type="checkbox"/> Other		
	If OTHER, please explain:		

### PRINCIPALS & PERSONNEL

1. Breakdown of Producer's Staff:		
Staff	Number/Current Year	Number/Prior Year
Principals/Partners/Owners		
Officers/Managers		
Brokers (other than above)		
Other Employees		
<b>TOTAL STAFF</b>		

2. Principals/Officers/Brokers (list in order of percentage of ownership and attach resumes)				
Name	Title/Position	Year Started - Ins	Year Started - Producer	% of Ownership

**OPERATIONS**

1. Do you write business outside state of domicile?  Yes  No  
If YES, please explain:

List all branch offices:

2. Does your brokerage firm operate as a wholesaler, MGA, retailer, or combination?  
\_\_\_\_\_ % Retail      \_\_\_\_\_ % Wholesale      \_\_\_\_\_ % MGA binding authority

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

4. List states with current licenses. **Attach copies of all current licenses.**

State	License #	State	License #

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

State	# Agents/Brokers	State	# Agents/Brokers

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

**PREMIUM VOLUME & DISTRIBUTION**

1. Total Volume for Last Five (5) Years

Volume	Year	Volume	Year

2. Total Volume (If listing under OTHER, please attach description.)

Type	Current Year	Prior Year
Automobile (Liability/Physical Damage)		
Physical Damage		
Property		
General Liability		
Umbrella & Excess		
Packages		
Special Programs		
Professional Liability		
Personal Lines		
Other		
<b>TOTAL</b>		

3. List major companies in order of premium volume. If answering YES under Binding Authority, see Question 4.

Name	Years Represented	Annual Volume	Loss Ratio	Binding Authority

4. Describe scope of binding authority, i.e., limit of authority, lines of insurance:

5. Describe claims handling procedures:

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

**PRODUCTION TO COMPANY**

1. Anticipated volume will be derived from the following sources:

- a. New Business \$ \_\_\_\_\_
- b. Transfer from Current Company in Office \$ \_\_\_\_\_
- c. Transfer from Discontinued Company \$ \_\_\_\_\_

2. Please give a brief explanation:

**FINANCIAL**

1. If accounting is not handled by the main office, please provide the address.  
 Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

2. Bank Reference:  
 Name:  
 Trust Account #: \_\_\_\_\_ Other: \_\_\_\_\_

Name:  
 Trust Account #: \_\_\_\_\_ Other: \_\_\_\_\_

Bank Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Attach a copy of the latest financial statement.**

3. Do you maintain fidelity coverage for all officers and employees?  Yes  No  
 If YES, please indicate the following:

Insurance Company: \_\_\_\_\_

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

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

**Attach fidelity declaration page.**

4. Do you maintain E&O coverage?  Yes  No  
 If YES, please indicate the following:

Insurance Company: \_\_\_\_\_

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

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

**Attach E&O declaration page.**

5. Has anyone in your firm received any disciplinary action by a state insurance department or other regulatory authority?  Yes  No  
 If YES, please explain:

\_\_\_\_\_

6. Is there any pending or threatened litigation or judgments within the past five (5) years exceeding \$10,000 against the broker or any of the principals?  Yes  No  
 If YES, please explain:

\_\_\_\_\_

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

\_\_\_\_\_  
 Signature of Applicant Title Date

**REMEMBER TO INCLUDE COPIES OF:**

1. Licenses    2. Financial Statement    3. Fidelity Declaration Page    4. E&O Declaration Page