



**MINICO**  
 100 Crossways Park West, Suite 307  
 Woodbury, NY 11797

### MINICO BROKER QUESTIONNAIRE

**A. FIRM INFORMATION**

1. Name of Firm: \_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
(STREET)  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP)
3. Mailing Address (IF DIFFERENCE FROM ABOVE): \_\_\_\_\_  
(STREET)  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP)
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Web Site: \_\_\_\_\_ E-Mail: \_\_\_\_\_
6. Tax Payer ID Number: \_\_\_\_\_
7.  Corporation       Partnership       Individual

**B. 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?       Yes       No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Is producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest?       Yes       No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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4. Are you a member of:    \_\_NAPSLO           \_\_AAMGA           \_\_ Other

If other, please list: \_\_\_\_\_

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**C. PRINCIPALS & PERSONNEL**

1. Breakdown of Producer's Staff

Staff	Number/Current Year	Number/Prior Year
Principals/Partners/Owners		
Offices/Managers		
Brokers (OTHER THAN ABOVE)		
Other Employees		
Total Staff		

2. Principals/Officers/Brokers (*List in order of percentage of ownership and attach resumes.*)

Name	Title/Position	Yr. Started – Ins.	Yr. Started – Producer	% of Ownership

**D. OPERATIONS**

1. Do you write business outside state of domicile?    \_\_Yes    \_\_No    If yes, please explain:

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List All Branch Offices:

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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?

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4. List States With Current License (*Attach copies of all current licenses.*)

State	License #	State	License #

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

State	# Agents/Brokers	State	# Agents/Brokers

5. 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, attach a copy of the agreement.*

<b>E. PREMIUM VOLUME &amp; DISTRIBUTION</b>
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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		
Total		

3. List major companies in order of premium volume. If answering "yes" under binding authority, see Question 4.

Name	Yrs. Represented	Annual Volume	Loss Ratio	Binding Authority

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

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5. Describe claims handling procedures:

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

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**F. 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 brief explanation:

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**G. FINANCIAL**

1. If accounting not handled by main office, please provide address:

\_\_\_\_\_ (STREET)  
 \_\_\_\_\_ (CITY) (STATE) (ZIP)

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

2. Bank Reference: \_\_\_\_\_

Name: \_\_\_\_\_

Trust Account Number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Trust Account Number: \_\_\_\_\_ Other: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
(STREET)

(CITY)

(STATE)

(ZIP)

*Attach a copy of 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 Date: \_\_\_\_\_

*Attach E&O declaration page.*

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

If yes, please indicate the following:

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

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

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

Expiration Date: \_\_\_\_\_

*Attach E&O declaration page.*

5. Has any member of 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.*