

**Producer Questionnaire**

Name of Business \_\_\_\_\_ Tax ID # \_\_\_\_\_

DBA \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Business E-mail \_\_\_\_\_

Website \_\_\_\_\_

Would you like announcements sent to your business e-mail address?  Yes  No Partnership  Sole Proprietorship  Corporation  LLCWilling to sign a personal guarantee? (needed for corp./LLC)  Yes  No

Years in business \_\_\_\_\_ Years owned business \_\_\_\_\_ Year formed \_\_\_\_\_

Office Location  Residence  Business/Industrial  Shopping MallType of Office  Suite  Store Front  House

What other business activities does this business engage in? \_\_\_\_\_

Ever transacted business with Bridger/SCJ under this or any other name?  Yes  No

If Yes, list names \_\_\_\_\_

Organization license name and number \_\_\_\_\_

Individual license name \_\_\_\_\_

 Agent  Broker  Corp. or LLC State \_\_\_\_\_ License # \_\_\_\_\_

Premium trust account # \_\_\_\_\_ Bank \_\_\_\_\_

Every subject to discipline or presently under investigation by Department of Insurance?

Yes (If yes, date: \_\_\_\_\_ )  No

Cause \_\_\_\_\_

Action \_\_\_\_\_

E & O Insurance Carrier \_\_\_\_\_

Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Effective \_\_\_\_\_ Expiration \_\_\_\_\_

Describe steps taken to protect your business and carriers from E & O claims \_\_\_\_\_

Describe training methods used in your business \_\_\_\_\_

Personnel in office other than principals:

<i>Name</i>	<i>Years in Insurance</i>	<i>License Status</i>	<i>Position</i>

Describe your sources of business \_\_\_\_\_

Lines written and % of each \_\_\_\_\_

List any insurance companies that have terminated/restricted your authority to do business with them in the last 3 years and the reasons for this action \_\_\_\_\_



Carriers Represented:

Specialty

1. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

2. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

3. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

4. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

Preferred

1. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

2. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

3. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

4. \_\_\_\_\_ Volume \_\_\_\_\_ Years \_\_\_\_\_

Total monthly volume \_\_\_\_\_ Monthly auto volume \_\_\_\_\_

Estimated Bridger Insurance monthly volume \_\_\_\_\_

Association memberships?  PIA  IBA West  Agents Alliance

Other \_\_\_\_\_

How did you hear of Bridger Insurance? \_\_\_\_\_

Principals hereby consent to and authorize Bridger Insurance, from time to time, to obtain for Bridger Insurance’s use, a credit report concerning principals. Information as to the nature and scope of any investigation(s) will be furnished to the individual upon his/her written request within a reasonable time.

\_\_\_\_\_  
*Business Principal Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*



## Previous Positions

Principal Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers' License # \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ever declared bankruptcy?  Yes  No      Ever convicted of a felony?  Yes  No

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Ever been known by, used, or conducted business or bank accounts in any other name?

Yes  No

If Yes, list additional names \_\_\_\_\_

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