

SAFEPRO INSURANCE SERVICES
CONFIDENTIAL PRODUCER QUESTIONNAIRE

Legal Agency Name: _____

Main Office Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ Main Email: _____

Total number of producers: _____ Total number of employees: _____ Date agency established: _____

Agency Contact

Name: _____ Position: _____ Email: _____ Extension: _____

Name: _____ Position: _____ Email: _____ Extension: _____

Name: _____ Position: _____ Email: _____ Extension: _____

Name: _____ Position: _____ Email: _____ Extension: _____

Agency is a: Partnership Sole Proprietorship Corporation Other _____

Agency CA License #: _____ Federal ID or Soc. Sec. No.: _____

Total Commercial Lines Premium Volume \$ _____

List Carriers with greatest premium volume	Premium	Appointment Date (Year)

List MGAs/Wholesalers with greatest premium volume	Premium	Appointment Date (Year)

Have you or anyone in your agency been sued concerning insurance related activities?
If yes, please explain on a separate sheet and attach to this form. Yes No

Has any Error & Omission claims been made in the most recent five years against your agency, officers, partners or owners? If yes, please explain on a separate sheet and attach to this form. Yes No

Have you, your employees, or your agency been disciplined by any State Agency or Department of Insurance? If yes, please explain on a separate sheet and attach to this form. Yes No

Has the agency, or any shareholder, partner or principal thereof ever declare bankruptcy? If yes, please explain on a separate sheet and attach to this form. Yes No

Has the agency had any company appointments terminated within the last 12 months? If yes, please explain on a separate sheet and attach to this form. Yes No

Has the agency had a trust check returned by the bank for any reason? If yes, please explain on a separate sheet and attach to this form. Yes No

Has the agency, or any shareholder, partner or principal thereof ever been convicted of a felony? If yes, please explain on a separate sheet and attach to this form. Yes No

Has the agency, or any shareholder, partner or principal thereof ever been refused and insurance license in any state? If yes, please explain on a separate sheet and attach to this form. Yes No

Any other business activity agency may engage in? If yes, please list activity Yes No

REMARKS:

It is agreed that the statements on this application or any material submitted herewith are true and accurate representation of the applicant and they shall be deemed material to the acceptance of risk(s) from the brokerage by Safepro Insurance Services and acceptance is done in reliance upon the truth of said representation.

Name (Please print): _____

Title: _____ Date: _____
(Owner or Officer or Partner)

Signature: _____

PLEASE COMPLETE AND SIGN THIS FORM AND FAX OR EMAIL IT TO US TOGETHER WITH COMPLETED AND SIGNED W-9 FORM, COPY OF YOUR INSURANCE LICENSE AND A COPY OF YOUR ERRORS AND OMISSIONS INSURANCE DECLARATION PAGE. ONCE PROCESSED, A BROKERAGE AGREEMENT WILL BE SENT TO YOU. PLEASE FAX TO: 1-866-313-9739 OR EMAIL TO: MARKETING@SAFEPROINSURANCE.COM