

PRODUCER QUESTIONNAIRE

Name of Agency: _____

Date Agency Established: _____

Agency Address: _____

Mailing Address: _____

Agency Fax No.: _____ Agency Phone No.: _____

Branch Office (s) Address (if any): _____

Name (s) of Agency Owner (s): _____

Agency Primary Agent: _____ Fl #220 License Number _____

Name of E & O Company: _____ Effective Date _____

Federal Employer Identification Number: _____

Website Address: _____ E-Mail Address: _____

***Attach Evidence of E & O Coverage, Copy of Primary Agent's License & list of all 220 agents name and license no.**

DUE DILIGENCE

As Surplus Lines Brokers, we are required to verify that the retail/producing agent (you) has complied with the "Due Diligence" requirements before "Exporting" any piece of business to a Surplus Lines company. Please identify the "Admitted" Companies that your office represents. If you don't represent at least 6 companies, show the names of those that you do represent. This information will be reconfirmed by us on a regular basis.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

PAYMENT TERMS

By executing this Producer Questionnaire you are acknowledging that the Payment Terms at John Handel & Associates are as follows: All premium & additional premium amounts are due 14 days from the date coverage is bound. There are no exceptions to this unless you have written confirmation that you are eligible for an Account Current Basis. NOTE: Flat cancellations are not permitted. A 25% Minimum Earned premium applies to all risks bound.

Agency Statement

We confirm that this office will obtain declinations on each risk from at least three (3) Admitted Companies prior to "Exporting" a risk for placement with any approved Surplus Lines Company through John Handel & Associates, Inc. We agree to be responsible for earned premiums on all business requested to be bound by John Handel & Associates, Inc.

Signed: _____ Date: _____

Licensed 220 Agent

PRODUCER QUESTIONNAIRE (Continued)

Department Contacts:

Marketing Contact _____

Email address _____ *Department Fax#* _____

Accounting Contact _____

Email address _____ *Department Fax#* _____

Personal Lines Manager: _____

Email address _____ *Department Fax#* _____

Commercial Lines Manager: _____

Email address _____ *Department Fax#* _____

Agency Premium Volume: \$ _____

Percentage %: Commercial Lines: _____ % Personal Lines: _____ %

List Classes of Business in which you specialize:

1. _____

2. _____

3. _____

What classes of Business would you like to see JHA offer:

1. _____

2. _____

Comments:
