

**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