

Producer Authorization and Appointment Questionnaire

Producer Name: (as it appears registered)		Date	
Physical Address:			
City:	State:	Zip Code:	
Mailing Address (if different)			
Telephones	Office:	Fax:	Mobile:
Referred By:			
Website:	Year established:		
Email:	Agency is a: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>		
License number	National Producer Number (NPN):	Corporate Social Security Number (FEIN):	
Main producers & support staff	Job Title	Email Address	Years Experience

Growth Strategy & Retention: Please, briefly describe how leads are generated, how is the retention process and your geographical territory.

Automation Capabilities: Type of management system/version and frequency of system back-up of agency records.

Business Partners: List your main insurance business partners

Main Carriers	Lines of Business	Commission %	Last 12 Months Premium Volume	Loss Ratio

Terminations: List any carrier terminations within the last 3 years and reason(s) for termination

Production

Time Period	Current:	\$	-	Projection Next 12 months:	\$	-
Line of Business	Premium Volume (000's)	Policy Count	Loss Ratio	Premium Volume (000's)	Policy Count	
Personal Package						
Personal Auto						
Dwelling						
Travel						
Accident & Health						
Commercial Auto						
Commercial Package						
Casualty						
Total	\$ -	0		\$ -	0	

Portfolio Segmentation

Inland Condos	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	Services	<input type="checkbox"/>	Office	<input type="checkbox"/>
Water Front Condos	<input type="checkbox"/>	Mercantile	<input type="checkbox"/>	Government	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
Walk-Ups Condos	<input type="checkbox"/>	Contractors	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Personal Lines	<input type="checkbox"/>
High Rise Condos	<input type="checkbox"/>	Schools	<input type="checkbox"/>	Accident and Health	<input type="checkbox"/>	Other:	

E&O POLICY: Errors and Omissions Coverage

Carrier	Policy #	Expiration Date	Limit of Liability	Deductible

Describe any best practices being utilized by your agency to prevent errors and omissions in claims.

Any prior consumer complaints or Department of Insurance investigations and/or resolutions in the past 5 years, please describe.

Any pending or prior law suits against the agency including resolution and damages in the past 5 years, please describe.

Insurance Industry Reference and/or Industry Affiliations

1.	
2.	
3.	
4.	
5.	

QBE Seguros Premium Commitment

Line of Business	Year 1	Year 2	Year 3
Personal Package			
Personal Auto			
Dwelling			
Travel			
Accident & Health			
Commercial Auto			
Commercial Package			
Casualty			
Other:			
Total	\$ -	\$ -	\$ -

Strategies/Business Plan to Achieve Premium Commitment:

Signature: _____ Date: _____

This information will be treated as confidential and used expressly by Colonial Insurance Agency for the purpose of determining appointment eligibility.