

Swyfft Producer Questionnaire

1. Basic Information:

Name of Company:		
Address:		
City:	State:	Zip:
Main Phone:	Fax:	
Website:	FEIN Number:	

2. Number of Years in Business?

3. Ownership Information:

In Process

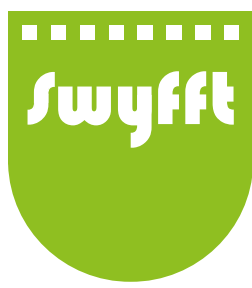
Name	Title	% Ownership

4. Number of employees?

5. Total Agency Volume:

6. List top three carriers by volume.

1.
2.
3.



7. Percent of business that is Personal and Commercial?

8. Do you use a comparative rater? If so, which one?

9. Errors and Omissions Carrier Information:

Name of Carrier:	
Policy Limit:	Expiration Date:
Policy Number:	

10. List Agency (not personal) license information for all states in which you will transact business:

State	Number	Expiration Date
	In Process	

11. Has any member of the firm received disciplinary action by a state or had an insurance license suspended or revoked?

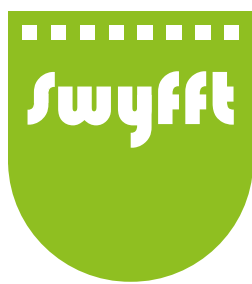
Yes No

If yes, please explain:

12. Has the firm ever had an agency contract canceled by a company for reasons other than lack of volume?

Yes No

If yes, please explain:



13. Has the firm or any of the principals ever declared bankruptcy?

Yes No

If yes, please explain:

14. Please provide contact details for principal(s) and staff that will be working with us:

Name	Title/Function	Direct Dial/Ext	Email

You hereby declare the answers given above are accurate and contain no misrepresentations.

Producer: _____

Company Name

X

Signature

Name

Title

Please submit a copy of your agency license(s) and proof of Errors and Omissions coverage with this questionnaire.