



# Producer Questionnaire

*Please type your answers. Use separate answer sheets as necessary.*

## **A.GENERAL**

1. NAME OF FIRM: \_\_\_\_\_

2. PRINCIPAL ADDRESS: \_\_\_\_\_  
(STREET)

\_\_\_\_\_

(CITY)

(STATE/JURISDICTION)

(ZIP)

3. MAILING ADDRESS (if different from above): \_\_\_\_\_  
(STREET)

\_\_\_\_\_

(CITY)

(STATE/JURISDICTION)

(ZIP)

4. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FACSIMILE: (\_\_\_\_) \_\_\_\_\_

5. INTERNET SITE: \_\_\_\_\_

6. E-MAIL ADDRESS: \_\_\_\_\_

7. TYPE OF FIRM: \_\_\_\_\_

8. FEDERAL TAXPAYER I.D. NUMBER: \_\_\_\_\_

9. KEY CONTACT:

NAME: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



**B. BACKGROUND**

1. YEAR FIRM ESTABLISHED: \_\_\_\_\_

2. DURING THE PAST TEN YEARS HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM OR HAS THE FIRM CHANGED NAMES? YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. IS FIRM ASSOCIATED OR AFFILIATED WITH, OR CONTROLLED (WHETHER THROUGH THE OWNERSHIP OF SECURITIES, BY CONTRACT OR OTHERWISE) BY ANY OTHER BUSINESS INTEREST OR PERSON? YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

4. IS FIRM A MEMBER OF NAPSLO? \_\_\_\_\_ AAMGA? \_\_\_\_\_ OTHER? \_\_\_\_\_

IF OTHERS, LIST: \_\_\_\_\_

**C. OWNERS, DIRECTORS AND PERSONNEL**

1. ALL PERSONNEL:	CURRENT YEAR	(NUMBER OF PERSONS)	PRIOR YEAR
SECURITIES HOLDERS:	_____		_____
PARTNERS:	_____		_____
MEMBERS:	_____		_____
PRINCIPALS:	_____		_____
DIRECTORS:	_____		_____
OFFICERS:	_____		_____
MANAGERS:	_____		_____
AGENTS:	_____		_____
BROKERS:	_____		_____
UNDERWRITERS:	_____		_____
CLAIMS ADJUSTERS:	_____		_____
TECHNOLOGY/DATA PROCESSING:	_____		_____
OTHER EMPLOYEES:	_____		_____
<b>TOTAL:</b>	_____		_____



2. OWNERS/OFFICERS/MANAGERS IN ORDER OF OWNERSHIP

NAME	TITLE OR POSITION	YEAR STARTED IN INSURANCE	YEAR STARTED WITH FIRM	% OF OWNERSHIP	SOCIAL SECURITY NUMBER

3. KEY MANAGEMENT CONTACT PERSONNEL: \_\_\_\_\_

\_\_\_\_\_

4. TECHNOLOGY/DATA PROCESSING PERSONNEL PROPOSED TO HANDLE COMPANY(S) BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. PERSONNEL PROPOSED TO HANDLE FINANCIALS, ACCOUNTS PAYABLE, RECONCILIATIONS, ETC.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. OPERATIONS**

1. LIST ALL BRANCH OFFICES INCLUDING ADDRESSES & TELEPHONE NUMBERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. DOES FIRM OPERATE AS A WHOLESALER (BROKER, AGENT), RETAILER OR COMBINATION?

RETAIL \_\_\_\_\_ % WHOLESALER \_\_\_\_\_ % AGENT BINDING AUTHORITY \_\_\_\_\_ %



3. IS FIRM LICENSED/AUTHORIZED AS AN AGENT, BROKER, E&S BROKER, NON-RESIDENT AGENT/BROKER, REINSURANCE BROKER/INTERMEDIARY, CLAIMS ADJUSTER, THIRD PARTY ADMINISTRATOR AND/OR OTHER INSURANCE OR REINSURANCE RELATED OR OTHER ORGANIZATION? \_\_\_\_\_

4. LIST LICENSES/AUTHORIZATIONS:

STATE/JURISDICTION	NAME OF LICENSE/AUTHORIZATION	LICENSE/AUTHORIZATION #	TYPE OF LICENSE/AUTHORIZATION (e.g., agent, broker, e&s broker, non-resident agent/broker, claims adjuster)

(ATTACH RESUMES WITH HOME ADDRESSES)

**E. AFFILIATES**

1. IS WILL THE FIRM USE AFFILIATED BUSINESS ENTITIES TO GENERATE OR PROCESS BUSINESS?  
 YES  NO  IF YES, PLEASE LIST NAMES AND FEDERAL TAX ID'S OF EACH ENTITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## F. PREMIUM VOLUME AND DISTRIBUTION

1. TOTAL VOLUME IN LAST FIVE YEARS:

**2017** \_\_\_\_\_      **2016** \_\_\_\_\_      **2015** \_\_\_\_\_  
**2014** \_\_\_\_\_      **2013** \_\_\_\_\_      **2012** \_\_\_\_\_

2. GROSS WRITTEN PREMIUM BY LINE:

	<b>2017 GROSS WRITTEN PREMIUM</b>	<b>2016 GROSS WRITTEN PREMIUM</b>	<b>2015 GROSS WRITTEN PREMIUM</b>
GENERAL LIABILITY			
GARAGE LIABILITY			
LIQUOR LIABILITY			
EMPLOYMENT PRACTICES LIABILITY			
EXCESS LIABILITY			
UMBRELLA LIABILITY			
PROFESSIONAL LIABILITY/E&O			
DIRECTORS & OFFICES LIABILITY			
PACKAGES			
COMMERCIAL PROPERTY			
EARTHQUAKE			
COMMERCIAL AUTOMOBILE			
PRIVATE PASSENGER AUTOMOBILE			
HOMEOWNERS			
WORKERS COMPENSATION			
OTHER			
<b>TOTAL</b>			



3. LIST MAJOR COMPANIES IN ORDER OF PREMIUM VOLUME:

NAME	YEARS REPRESENTED	ANNUAL VOLUME	BINDING AUTHORITY (IF YES, SEE BELOW)	LOSS RATIO		
				2017	2016	2015

4. DO YOU ISSUE POLICIES ON ALL BINDING AUTHORITY BUSINESS?  
 YES  NO  IF YES, PLEASE LIST NAMES OF THE COMPANIES FOR WHICH YOU ISSUE POLICIES:

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5. DESCRIBE SCOPE OF BINDING AUTHORITY (I.E., LINES OF INSURANCE, LIMIT OF AUTHORITY, ETC.):

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6. DO YOU ADJUST CLAIMS AND/OR HAVE DRAFT/CHECK AUTHORITY FOR ANY COMPANY(S)?  
 YES  NO  IF YES, PLEASE LIST NAMES OF THE COMPANIES AND DESCRIBE AUTHORITY:

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7. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS (DESCRIBE REASONS WHY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. FINANCIALS**

1. NAME OF ACCOUNTING CONTACT: \_\_\_\_\_

\_\_\_\_\_

2. BANK REFERENCES:

a. BANK REFERENCE #1: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BANK CONTACT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

INTERNET SITE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TRUST ACCOUNT #: \_\_\_\_\_ OTHER ACCOUNT #: \_\_\_\_\_

**H. FIRM INSURANCE COVERAGES**

1. DOES FIRM MAINTAIN FIDELITY COVERAGE OVER ALL OWNERS, OFFICERS, EMPLOYEES AND AGENTS?

YES  NO  IF YES:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ATTACH COPY OF POLICY DEC PAGE



2. HAVE THERE BEEN ANY FIDELITY CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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3. DOES FIRM MAINTAIN AGENTS/BROKERS E & O COVERAGE?

YES  NO  IF YES, ATTACH COPY OF POLICY DEC PAGE AND PROVIDE THE FOLLOWING:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

4. HAVE THERE BEEN ANY E & O CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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5. DOES FIRM MAINTAIN CLAIMS ADJUSTERS E & O COVERAGE?

YES  NO  IF YES, ATTACH COPY OF POLICY DEC PAGE AND PROVIDE THE FOLLOWING:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

6. HAVE THERE BEEN ANY CLAIMS E & O CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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7. DOES FIRM MAINTAIN COMMERCIAL GENERAL LIABILITY COVERAGE?

YES  NO  IF YES, ATTACH COPY OF POLICY DEC PAGE AND PROVIDE THE FOLLOWING:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_





8. HAVE THERE BEEN ANY COMMERCIAL GENERAL LIABILITY CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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9. DOES FIRM MAINTAIN AUTOMOBILE LIABILITY COVERAGE?

YES  NO  IF YES, ATTACH COPY OF POLICY DEC PAGE AND PROVIDE THE FOLLOWING:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

10. HAVE THERE BEEN ANY AUTOMOBILE LIABILITY CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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11. DOES FIRM MAINTAIN WORKERS COMPENSATION COVERAGE?

YES  NO  IF YES:

INSURANCE COMPANY: \_\_\_\_\_

LIMITS: \_\_\_\_\_

DEDUCTIBLES: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ATTACH COPY OF POLICY DEC PAGE

12. HAVE THERE BEEN ANY WORKERS COMPENSATION CLAIMS IN PAST FIVE YEARS?

YES  NO  IF YES, EXPLAIN:

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**I. OTHER**

1. HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN REFUSED A LICENSE OR OTHER AUTHORIZATION BY ANY REGULATORY AUTHORITY, OR HAS ANY LICENSE OR OTHER AUTHORIZATION EVER BEEN MODIFIED, SUSPENDED OR REVOKED, OR HAS ANY DISCIPLINARY ACTION BY ANY REGULATORY AUTHORITY EVER BEEN TAKEN WITH RESPECT TO ANY LICENSE OR OTHER AUTHORIZATION?

YES  NO  IF YES, EXPLAIN:

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2. HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN SUBJECT TO ANY DISCIPLINARY OR OTHER ACTION OR PROCEEDING BY ANY REGULATORY AUTHORITY?

YES  NO  IF YES, EXPLAIN:

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3. HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER BEEN DENIED A FIDELITY OR OTHER BOND, OR HAD A BOND CANCELED OR REVOKED?

YES  NO  IF YES, EXPLAIN:

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4. HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER HAD ANY SECURITIES HOLDER, PARTNER, MEMBER, PRINCIPAL, DIRECTOR, OFFICER, EMPLOYEE OR AGENT OF THE FIRM, OR ANY AFFILIATE OF ANY OF THE FOREGOING, EVER BEEN A SECURITIES HOLDER, PARTNER, MEMBER, PRINCIPAL, DIRECTOR, TRUSTEE, OFFICER, MEMBER OF ANY COMMITTEE OF THE BOARD OF DIRECTORS, EMPLOYEE OR AGENT OF ANY FIRM, COMPANY, LIMITED LIABILITY COMPANY, CORPORATION, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, JOINT VENTURE, ASSOCIATION, JOINT-STOCK COMPANY, TRUST, ESTATE OR OTHER ENTITY WHICH, WHILE SUCH PERSON OCCUPIED ANY SUCH POSITION OR BEEN SUBJECT TO READJUDGMENT OF DEBT, BECAME INSOLVENT, MADE AN ASSIGNMENT FOR THE BENEFIT OF CREDITORS OR BY ANY ACTION INDICATED APPROVAL OF, CONSENT TO, OR ACQUIESCENCE IN THE APPOINTMENT OF A TRUSTEE OR RECEIVER, WAS ADJUDGED BANKRUPT OR WAS PLACED UNDER SUPERVISION OR ARRANGEMENT OR IN RECEIVERSHIP, REHABILITATION, REORGANIZATION, LIQUIDATION OR CONSERVATORSHIP?

YES  NO  IF YES, EXPLAIN:

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5. HAS THE FIRM OR ANY OF ITS SHAREHOLDERS OR EXECUTIVES EVER COMMITTED OR BEEN CHARGED WITH A VIOLATION OF ANY LEGAL REQUIREMENT (EXCLUDING MINOR TRAFFIC VIOLATIONS) OR EVER BEEN CONVICTED OR HAD A SENTENCE IMPOSED OR SUSPENDED OR HAD A PRONOUNCEMENT OF A SENTENCE SUSPENDED OR BEEN PARDONED FOR CONVICTION OF OR PLEADED GUILTY OR NOLO CONTENDERE TO AN INFORMATION OR INDICTMENT CHARGING ANY VIOLATION OF ANY LEGAL REUIREMENT (EXCLUDING MINOR TRAFFIC VIOLATIONS) INCLUDING, BUT NOT LIMITED TO, ANY FELONY, OR CHARGING A MISDEMEANOR INVOLVING EMBEZZLEMENT, THEFT, LARCENY OR MAIL OR OTHER FRAUD, OR CHARGING A VIOLATION OF ANY CORPORATE SECURITIES LAW OR ANY INSURANCE LAW OR ANY OTHER LEGAL REQUIREMENT?

YES  NO  IF YES, EXPLAIN:

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6. ARE THERE ANY THREATENED OR PENDING LITIGATIONS OR JUDGMENTS AGAINST THE FIRM OR ANY OF ITS SECURITIES HOLDERS, PARTNERS, MEMBERS, PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS, OR ANY AFFILIATES OF ANY OF THE FOREGOING?

YES  NO  IF YES, EXPLAIN:

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7. HAS THE FIRM, IN CONDUCTING ITS DUE DILIGENCE TO PROVIDE RESPONSES TO THIS LY QUESTIONNAIRE, COMPLIED WITH APPLICABLE STATE AND FEDERAL LAWS AND OTHER LEGAL REQUIREMENTS, INCLUDING, BUT NOT LIMITED TO, THE INSURANCE FRAUD PROTECTION ACT AND THE FAIR DEBT CREDIT REPORTING ACT?

YES  NO  IF YES, EXPLAIN:

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AS PART OF THE PROCESS OF EVALUATING POTENTIAL PRODUCERS, HUDSON INSURANCE GROUP INC. MAY, IN THEIR SOLE AND ABSOLUTE DISCRETION, PERFORM IN-DEPTH INVESTIGATIONS AND REVIEWS OF THE FIRM, INCLUDING, BUT NOT LIMITED TO, WITH RESPECT TO THE FINANCIAL POSITION, CREDIT RATING AND STANDING, PROFESSIONALISM, REPUTATION, RELATIONSHIP WITH LAW ENFORCEMENT AND OTHER REGULATORY AUTHORITIES, VIOLATIONS OF ANY LEGAL REQUIREMENTS AND PERSONAL CHARACTERISTICS OF THE FIRM, ITS SECURITIES HOLDERS, PARTNERS, MEMBERS, PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS, AND ANY AFFILIATES OF ANY OF THE FOREGOING.

CONSENT IS HEREBY GIVEN TO SUCH INVESTIGATIONS AND REVIEWS BY THE UNDERSIGNED AND/OR THEIR DESIGNEES AND TO USE OF THE RESULTS BY HUDSON INSURANCE GROUP, INC. AND THEIR AFFILIATES.

THE UNDERSIGNED BEING DULY AUTHORIZED HEREBY CERTIFIES THAT ALL OF THE INFORMATION GIVEN TO HUDSON INSURANCE GROUP INC. IN THIS QUESTIONNAIRE, IN THE ATTACHMENTS HERETO AND OTHERWISE IS TRUE, CORRECT, COMPLETE AND ACCURATE AND THAT THERE HAVE BEEN NO MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS OF FACTS.

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE ATTACH COPIES OF:**

- 1. LICENSES/AUTHORIZATIONS THAT WILL BE USED IN AUTHORIZED TERRITORY.**
- 2. CORPORATE FINANCIAL STATEMENTS AS OF THE MOST RECENT YEAR END PLUS FINANCIALS FOR THE MOST RECENT QUARTER END (IF NOT SAME).**
- 3. FIDELITY BOND/POLICY DECLARATIONS INDICATING CURRENT COVERAGE IN PLACE.**
- 4. AGENTS/BROKERS E & O POLICY DECLARATIONS INDICATING CURRENT COVERAGE IN PLACE.**

RETURN TO: Carla Fisher, Director of Binding Authority  
275 Commerce Drive, Fort Washington, PA 19034  
[cfisher@hudsoninsgroup.com](mailto:cfisher@hudsoninsgroup.com)  
212-978-2716