



## BROKER PROFILE

Please type your answers. Use separate answer sheets if necessary.

### A. GENERAL

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

2. HQ ADDRESS: \_\_\_\_\_

(STREET)

\_\_\_\_\_  
(CITY)

(STATE)

(ZIP CODE)

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

(STREET)

\_\_\_\_\_  
(CITY)

(STATE)

(ZIP CODE)

4. BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY)

(STATE)

(ZIP CODE)

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

6. WEBSITE: \_\_\_\_\_

7. CENTRALIZED EMAIL ADDRESS: \_\_\_\_\_

8. TYPE OF FIRM: \_\_\_\_\_

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

10. KEY CONTACTS:

1.PRINCIPAL/CONTRACT SIGNATORY:

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

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

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



2.UNDERWRITING MANAGER:

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

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

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

3.CLAIMS CONTACT:

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

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

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

4.ACCOUNTING CONTACT:

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

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

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

5.IT CONTACT:

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

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

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

6.RENEWAL REPORT CONTACT:

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

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

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

7.PRODUCTION REPORT CONTACT:

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

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

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

8.POLICY DOCUMENTATION CONTACT:

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

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

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

9.INSPECTION CONTACT:

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

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

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



10. PREMIUM AUDIT CONTACT:

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

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

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

**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 THE FIRM ASSOCIATED 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 THIS FIRM A MEMBER OF TMPAA?  YES  NO

IF OTHER, LIST: \_\_\_\_\_

**C. OPERATIONS**

1. LIST ALL BRANCH OFFICES INCLUDING ADDRESSES AND TELEPHONE NUMBERS FOR LOCATIONS WANTING TO PLACE BUSINESS:

NAME	ADDRESS	PRIMARY CONTACT

*IF ADDITIONAL ROOM IS NEEDED, PLEASE PROVIDE ON A SEPARATE SHEET*

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

RETAIL \_\_\_\_\_% WHOLESALER \_\_\_\_\_% BROKER \_\_\_\_\_% 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 ORGANIZATION? \_\_\_\_\_

**D. AFFILIATES**

1. 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: \_\_\_\_\_

**E. PREMIUM VOLUME AND DISTRIBUTION**

1. TOTAL VOLUME IN THE LAST FIVE YEARS:

2022 \_\_\_\_\_                      2021 \_\_\_\_\_                      2020 \_\_\_\_\_  
 2019 \_\_\_\_\_                      2018 \_\_\_\_\_                      2017 \_\_\_\_\_

2. GROSS WRITTEN PREMIUM BY LINE:

	2022 GROSS WRITTEN PREMIUM	2021 GROSS WRITTEN PREMIUM	2020 GROSS WRITTEN PREMIUM
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: _____			
TOTAL			

3. LIST MAJOR COMPANIES IN ORDER OF PREMIUM VOLUME:

NAME	YEARS REPRESENTED	ANNUAL VOLUME	BINDING AUTHORITY	LOSS RATIO		
				2022	2021	2020

4. COMPANIES DISCONTNUED IN THE LAST FIVE YEARS (DESCRIBE REASONS WHY):

COMPANY	WHY

**F. FIRM INSURANCE COVERAGES**

1. HAVE THERE BEEN ANY FIDELITY CLAIMS IN THE PAST 5 YEARS?  YES  NO

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

\_\_\_\_\_

2. HAVE THERE BEEN ANY E&O CLAIMS IN THE PAST 5 YEARS?  YES  NO

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

\_\_\_\_\_

\_\_\_\_\_

**G. OTHER**

1. Has the firm or any of its shareholders or executives 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the 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 readjustment or 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 has a sentence imposed or suspended or had a pronouncement of a sentence suspended or been pardoned for conviction of or plead guilty or nolo contendere to an information or indictment charging ay violation of



any legal requirements (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 judgements 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 no, 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 use of the results by Hudson Insurance Group Inc. and their affiliates.

The undersigned being duly authorized hereby certifies that all the information given to Hudson Insurance Group Inc. on this questionnaire, in the attachments and otherwise, is true, correct, complete and accurate and that there have been no misrepresentations, omissions, or concealments of facts.

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

SIGNATURE: \_\_\_\_\_

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

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

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

**PLEASE ATTACH COPIES OF:**

1. CORPORATE FINANCIAL STATEMENTS AS OF THE MOST RECENT YEAR END, PLUS FINANCIALS FOR THE MOST RECENT QUARTER END (IF NOT THE SAME).
2. AGENTS/BROKERS E&O POLICY DECLARATIONS OR CERTIFICATE OF INSURANCE INDICATING CURRENT COVERAGE IN PLACE.
3. PERSONNEL DIRECTORY.

RETURN TO:

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212-978-2716