



Confidential Producer Questionnaire

This questionnaire must be filled out in entirety to be considered for an appointment.

I. Agency Information:		
Agency Name (Main Office):	Year Established:	Tel:
Main Office Physical Address (Include Street, City, State, ZIP):	Years at this Address:	Fax:
	Number of Additional Offices : ____ Please list these on a separate sheet and include all information listed in this section: address, phone, fax, etc.	
Mailing Address (Include Street, City, State, ZIP):	Main Email Address:	
Agency Principal Name & Title:	Web Site Address:	
Agency Accounting Contact Name, Phone, & Email:	Agency FEIN:	

II. Paperwork Required for the Appointment:	
<input type="checkbox"/> Completed Confidential Producer Questionnaire	<input type="checkbox"/> Copies of Producer & Agency Licenses
<input type="checkbox"/> Completed Producer Agreement	<input type="checkbox"/> Copy of Producer's E & O Declarations Page
<input type="checkbox"/> Completed W-9	<input type="checkbox"/> Copy of Brokers Bond (CA only)

III. Sub-Producers:
Does agency act as a wholesaler or appoint sub-production sources? Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. Agency Profile / Book of Business:		
Total Agency Premium within the Past 12 Months:		
Line of Business:	Total Written Premium for each LOB:	
Workers' Compensation	Volume:	\$
Property	Volume:	\$
General Liability (Construction)	Volume:	\$
General Liability (Non-Construction)	Volume:	\$
Professional Liability	Volume:	\$
High Value Homeowners	Volume:	\$
Miscellaneous (Specify)	Volume:	\$
Does your agency specialize in any line of business? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please specify what industry class and what coverages:		

V. Agency Appointments:

List Carriers with Greatest Premium Volume and Lines of Business:	Appointment Date: (MM/YY)	Total Written Premium within the Past 12 Months:	
		Volume:	\$
		Volume:	\$
		Volume:	\$
		Volume:	\$
		Volume:	\$
		Volume:	\$
		Volume:	\$

VI. If YES to any questions below, please attach an explanation on a separate page:

Has the agency, or any shareholder, partner or principal thereof ever declared bankruptcy?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency had any company appointments terminated within the last 12 months? If yes, please attach an explanation.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Does the agency owe return commissions to any carrier or insured that is more than 30 days overdue? If so, please attach an explanation.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency had a trust check returned by the bank for any reason within the past 2 years? If so, please attach an explanation.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, shareholder, partner, or principal thereof ever been convicted of a felony?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner, or principal thereof ever been known by, used, or conducted business/bank accounts in any other name?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner or principal thereof ever been refused an insurance license in any state?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner, or principal thereof ever been subject to discipline and/or investigated by the Department of Insurance? If yes, include Date, Cause, and Action in any explanation.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner, or principal thereof ever transacted business with AWIS in this or any other agency? If yes, list agency name(s) and date(s).	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?
Any other business activity agency may engage in? If yes, list other activities.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Attached?

VII. VCCA Compliance Certification:

The federal Violent Crime Control Act, 18 USC 1033 and 1034 ("VCCA"), makes it illegal for any individual or business to engage or participate in the business of insurance if that person has been convicted of violating the VCCA or otherwise has suffered a felony criminal conviction involving dishonesty or breach of trust. It is also illegal to willfully permit another person to engage in the business of insurance if that person is prohibited from doing so under the VCCA. AWIS will provide Producer a copy of the VCCA upon written request.

By initialing the space below, Producer certifies that (1) no principals, agents or employees of Producer have violated any provision of the VCCA by engaging or participating in the business of insurance; (2) reasonable efforts are made by Producer to identify and prevent, on a continuing basis, persons prohibited by the VCCA from engaging or participating in the business of insurance with Producer; and (3) producer agrees to notify AWIS immediately if any person or business with whom Producer participates or engages in the business of insurance who is convicted of any crime covered by the VCCA.

X _____ (Agency Officer's Initials)

VIII. Legal Statement (please initial and sign where indicated):

I have provided the above information and wish to be considered for appointment. I realize that if all paperwork [Section II] is not submitted, I will not be considered for an AWIS appointment.

X _____ (Agency Officer's Initials)

Principals hereby consent to and authorize AWIS from time to time, to obtain for AWIS's use, a credit report concerning Principals. Information as to the nature and scope of any investigation(s) will be furnished to the individual upon his/her written request within a reasonable time.

X

Agency Officer's Signature

Title

Date

IX. Communication Authorization:

By signing and executing this section, you are providing, on behalf of your agency, your written consent to be sent product updates, information, and materials via **fax** and **email** by AWIS and its affiliates.

I understand that by providing the fax numbers and email addresses that are listed below or listed on an attached page (as referred to in "Section I. Additional Offices"), I am authorized to and hereby consent for my agency to receive faxes and emails by or on behalf of AWIS.

X	X	
_____ Agency Officer's Name (Printed)	_____ Agency Officer's Signature	_____ Date

Authorized Agency Contact Name(s):	Authorized Email Address(es):	Authorized Phone Number(s):
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		