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# PRODUCER QUESTIONNAIRE

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LEGAL NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME OF PARENT COMPANY (IF ANY): \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ NUMBER OF BRANCH OFFICES: \_\_\_\_\_

LICENSES (**PLEASE ATTACH COPIES**):  
PRODUCERS LICENSE (NUMBER, EFF/EXP DATES AND STATE): \_\_\_\_\_

NAME OF PRINCIPAL(S): \_\_\_\_\_

TOP FIVE MARKETS YOU REPRESENT:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

LIST AND EXPLAIN ANY MGA OR SPECIAL UNDERWRITING PROGRAMS YOU CONTROL:  
\_\_\_\_\_  
\_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_

ARE INSURANCE PREMIUMS KEPT SEPARATE FROM OTHER MONIES AND RESTRICTED FROM OTHER USE? \_\_\_\_\_  
\_\_\_\_\_

ERRORS AND OMISSIONS COVERAGE (**PLEASE ATTACH A COPY OF DECLARATIONS VERIFYING COVERAGE**):  
CARRIER, LIMITS, EXP DATE: \_\_\_\_\_

THE UNDERSIGNED DECLARES THAT, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH HEREIN ARE TRUE.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL DATE

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## ADVANCED E&S INSURANCE UNDERWRITERS

500 North Michigan Ave Suite 1039 Chicago, IL 60611 Phone: (312) 245-3000 Fax: (312) 245-3001  
Website: <http://www.aesins.com>