
PRODUCER QUESTIONNAIRE

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

ADVANCED E&S INSURANCE UNDERWRITERS

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Website: <http://www.aesins.com>