



PRODUCER PROFILE

Attn: Susan Horstmann, Marketing Department
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Please type or print your answers. Use a separate sheet if necessary.

1. NAME OF FIRM:

2. PRINCIPAL ADDRESS

Street:

City:

State:

Zip:

3. MAILING ADDRESS (if different from above)

Street:

City:

State:

Zip:

4. TELEPHONE:

FAX:

E-mail:

5. Corporation LLC Partnership Individual

6. TAXPAYER ID NUMBER:

7. Please indicate billing options agency utilizes:

Direct Bill

Agency Bill*

***If requesting Agency Bill, please complete the Agency Bill Questionnaire below**

BACKGROUND

1. Year business established:

2. Is Agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest? **If yes, please describe:**

Yes

No

PRINCIPALS AND PERSONNEL

1. Principals / Officers / Brokers

Name

Title or Position

Year Started in Insurance

Year Started with Agency

2. Shareholders:

- (1) Name: _____ S.S .Number: _____
 Address: _____
 Percentage of Ownership: _____ %
- (2) Name: _____ S.S. Number: _____
 Address: _____
 Percentage of Ownership: _____ %
- (3) Name: _____ S.S. Number: _____
 Address: _____
 Percentage of Ownership: _____ %

OPERATIONS

1. Does your Agency write business outside your state of domicile? **If yes, please explain:** Yes No

2. Does your Agency operate as a Wholesaler, Retailer, or Combination?

% Retail % Wholesale % MGA Binding Authority

3. How is your Agency licensed? (i.e., agent, broker, surplus lines broker, etc.)

4. Please check all states in which your Agency holds a valid license:
(Attach copies of all current licenses.)

- | | | | |
|----------------------|---------------|----------------|----------------|
| Alabama | Illinois | Montana | Rhode Island |
| Alaska | Indiana | Nebraska | South Carolina |
| Arizona | Iowa | Nevada | South Dakota |
| Arkansas | Kansas | New Hampshire | Tennessee |
| California | Kentucky | New Jersey | Texas |
| Colorado | Louisiana | New Mexico | Utah |
| Connecticut | Maine | New York | Vermont |
| Delaware | Maryland | North Carolina | Virginia |
| District of Columbia | Massachusetts | North Dakota | Washington |
| Florida | Michigan | Ohio | West Virginia |
| Georgia | Minnesota | Oklahoma | Wisconsin |
| Hawaii | Mississippi | Oregon | Wyoming |
| Idaho | Missouri | Pennsylvania | |

5. Premium Volume and Distribution:

Current Year

- | | |
|--|----|
| 1. Adoption Agencies | \$ |
| 2. Accountants E&O | \$ |
| 3. Allied Health | \$ |
| 4. Antique Auto / Classic Car | \$ |
| 5. Automobile/Truck Rental & Leasing | \$ |
| 6. Bed & Breakfasts / Resorts / Fishing & Hunting Lodges | \$ |
| 7. Boat Dealers | \$ |
| 8. Builders' Risk | \$ |

9. Business Auto Fleet (monoline)	\$
10. Camp Operators and Campgrounds	\$
11. Child Care Facilities	\$
12. Churches and Religious Organizations	\$
13. Homeowner Associations (HOA)	\$
14. Condo Associations	\$
15. Contractors Environmental Coverage	\$
16. Crime (monoline)	\$
17. Day Spas	\$
18. Directors and Officers Liability (Non Profit and For Profit)	\$
19. Employed Lawyers E&O	\$
20. Entertainment	\$
21. EPLI (monoline)	\$
22. Fairs and Fairgrounds	\$
23. Festivals	\$
24. Flood (Commercial and Personal)	\$
25. Golf / Country Clubs	\$
26. Guides and Outfitters (Outdoor Recreation)	\$
27. Gymnastics	\$
28. Health / Fitness / Wellness	\$
29. Home Health Care	\$
30. Hospices	\$
31. Hospital and Medical Facilities (Property only)	\$
32. Hotels (single and multi-location Resort facilities)	\$
33. Martial Arts Studios	\$
34. Mental Health / Substance Abuse Rehabilitation Centers	\$
35. Miscellaneous Professional Liability	\$
36. Mobile Home Parks / RV Parks	\$
37. Museums	\$
38. Non-Profit Package business (excluding churches)	\$
39. Motorsports	\$
40. Museums	\$
41. Nursing Homes	\$
42. Performing Arts	\$
43. Pest Control	\$
44. Premises Environmental Coverage	\$
45. Professional Sports	\$
46. Public Entities	\$
47. Real Estate: Office Parks, Malls, Shopping Centers	\$
48. Rod & Guns Clubs / Hunting Leases / Hunting Preserves	\$
49. Security Services	\$
50. Schools (private / vocational K-12)	\$
51. Special Events and Festivals	\$
52. Sports and Recreation	\$
53. Travel Plazas	\$
54. Volunteer Fire Departments	\$
55. YMCAs	\$
56. Yoga Studios	\$
57. Zoos	\$
58. Other:	\$
TOTAL	\$

6. List major carriers in order of premium volume:

Name	Years Represented	Annual Volume	Loss Ratio	Binding Authority?	Reference (Name)
			%		
			%		
			%		
			%		
			%		
			%		

7. Anticipated volume to Philadelphia Insurance Companies will come from the following sources:
- a. New Business:
 - b. Transfer from Current Carrier:
 - c. Transfer from Discontinued Carrier:
8. Does your Agency maintain Errors & Omissions coverage? Yes No
If yes, please complete the following:
Insurance Company: _____
Limits: \$ _____ Deductible: \$ _____ Expiration: _____
9. Does your Agency maintain D&O and EPLI coverage? Yes No
If yes, please complete the following:
Insurance Company: _____
Limits: \$ _____ Effective Dates: _____
10. Has anyone at your Agency received any disciplinary action by a state insurance department or other regulatory agency? **If yes, please explain:** Yes No
11. Is there any pending or threatened litigation or judgment within the past five (5) years exceeding \$5,000 against any of your agents, brokers, or any of the principals? **If yes, please explain:** Yes No
12. What is the current limit on your Agency Employee Dishonesty coverage? (\$500,000 required) \$ _____
13. Are all binders mailed to both Insured and Company? Yes No
14. Banking relationships – references:

Bank Name	Contact Name	Telephone Number

15. Please describe your Agency's progressive discipline policy:

OPTIONAL

1. Does your Agency wish to be recognized as a minority-owned business? Yes No
If yes, please check all that apply:
- | | |
|------------------|--|
| African American | Asian |
| Hispanic | Native Hawaiian and Other Pacific Islander |
| Women | Other (specify): _____ |

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

SIGNATURE OF AGENCY PRINCIPAL: _____

DATE: _____

PRINTED NAME OF AGENCY PRINCIPAL: _____

TITLE: _____

BE SURE TO INCLUDE COPIES OF LICENSES AND E&O DECLARATIONS PAGE

Agency Bill Questionnaire

To be considered for Agency Bill privileges with Philadelphia Insurance Companies ('PIC'), I understand and agree with the following:

- | | | |
|---|-----|----|
| 1. My Agency may not bill the Insured any premium amount charged by PIC other than that quoted and bound with PIC.
If no, please explain: | Yes | No |
| 2. My Agency may not bill any non-premium amount to an Insured of PIC unless such amount is permitted by law, is properly disclosed to the Insured in accordance with the provisions of each applicable law or regulation, and is set forth separately from premium charged by PIC on any Agency invoice to the Insured.
If no, please explain: | Yes | No |
| 3. My Agency does not commingle premium funds with non-premium funds.
If no, please explain: | Yes | No |
| 4. My Agency shall maintain a system of internal controls and record keeping mechanisms for the safekeeping and full accounting of all premium billings, collections, and policyholder records relating to policies of insurance issued by the PIC. | Yes | No |

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

SIGNATURE OF AGENCY PRINCIPAL

DATE

PRINTED NAME OF AGENCY PRINCIPAL

TITLE