

PRODUCER PROFILE

Attn: Legal Department
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
800.873.4552 ~ Fax: 610. 617.7940 ~ agentlicensing@phlyins.com

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, affiliated 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	SSN/ National Producer Number

OPERATIONS

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

2. Please check all states in which your Agency holds a valid license:

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	

3. Does your Agency operate as a Wholesaler, Retailer, or Combination?
 % Retail % Wholesale % MGA Bind Authority

4. Premium Volume and Distribution:

Current Year

1. Adoption Agencies - 8322	\$
2. Accountants E&O - 8721	\$
3. Allied Health - 8099	\$
4. Antique Auto / Classic Car - 5521, 8421	\$
5. Automobile/Truck Rental & Leasing - 5511	\$
6. Bed & Breakfasts / Resorts / Fishing & Hunting Lodges - 7011	\$
7. Boat Dealers - 5551	\$
8. Builders' Risk - 1542	\$
9. Business Auto Fleet (monocline)- 5012	\$
10. Camp Operators and Campgrounds - 7032	\$
11. Child Care Facilities - 8351	\$
12. Churches and Religious Organizations - 8661	\$
13. Homeowner Associations (HOA) - 8641	\$
14. Condo Associations - 8641	\$
15. Contractors Environmental Coverage	\$
16. Crime (monoline)	\$
17. Day Spas - 7299	\$
18. Directors and Officers Liability (Non Profit and For Profit) - 8399	\$
19. Employed Lawyers E&O - 8111	\$
20. Entertainment- 7996, 7999	\$
21. EPLI (monoline)	\$
22. Fairs and Fairgrounds - 7999	\$
23. Festivals - 7999	\$
24. Flood (Commercial and Personal)	\$
25. Golf / Country Clubs - 7997, 7992 (public courses)	\$
26. Guides and Outfitters (Outdoor Recreation - 7999	\$
27. Gymnastics - 7999	\$
28. Health / Fitness / Wellness - 8082	\$
29. Home Health Care - 8082	\$
30. Hospices - 8059	\$
31. Hospital and Medical Facilities (Property only) - 8062	\$
32. Hotels (single and multi-location Resort facilities)- 7011	\$
33. Martial Arts Studios - 7991	\$
34. Mental Health / Substance Abuse Rehabilitation Centers - 8050, 8051	\$
35. Miscellaneous Professional Liability - 7299	\$

- 36. Mobile Home Parks / RV Parks - 6515 \$
- 37. Museums - 8412 \$
- 38. Non-Profit Package business (excluding churches) -8322, 8331, 8351, 8361, 8399 \$
- 39. Motorsports - 7948 \$
- 40. Museums - 8412 \$
- 41. Nursing Homes - 8051-8052 \$
- 42. Performing Arts -7929 \$
- 43. Pest Control - 7342 \$
- 44. Premises Environmental Coverage \$
- 45. Professional Sports - 7941 \$
- 46. Public Entities - 9511 \$
- 47. Real Estate: Office Parks, Malls, Shopping Centers - 6519 \$
- 48. Rod & Guns Clubs / Hunting Leases / Hunting Preserves -7997, 0971 \$
- 49. Security Services -7381 \$
- 50. Schools (private / vocational K-12) - 8211, 8221 \$
- 51. Special Events and Festivals - 7999 \$
- 52. Sports and Recreation – 7991, 7993, 7997, 7999 \$
- 53. Travel Plazas- 5541 \$
- 54. Volunteer Fire Departments- 9244 \$
- 55. YMCAs- 8322 \$
- 56. Yoga Studios - 7991 \$
- 57. Zoos- 8422 \$
- 58. Other: \$

- TOTAL \$**

5. List major carriers in order of premium volume:

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

6. 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:

7. Does your Agency maintain Errors & Omissions coverage? Yes No

If yes, please complete the following:

Insurance Company:

Limits: \$ Deductible: \$ Expiration:

8. Does your Agency maintain D&O and EPLI coverage? Yes No

If yes, please complete the following:

Insurance Company:

Limits: \$ Effective Dates:

9. What is the current limit on your Agency Employee Dishonesty coverage? \$
 (\$100,000 required)

BE SURE TO INCLUDE COPIES OF ALL INSURANCE DECLARATIONS PAGES

10. 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? Yes No
If yes, please explain:

11. Are all binders mailed to both Insured and Company? Yes No

12. Banking relationships – references:

Bank Name	Contact Name	Telephone Number

13. 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:

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