



**Producer Questionnaire**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:\_(\_\_\_\_)\_\_\_\_\_ Fax:\_(\_\_\_\_)\_\_\_\_\_

Principal's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Principal's Email Address: \_\_\_\_\_

Date Agency Established: \_\_\_\_\_

Additional Locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Agency License #: \_\_\_\_\_ \* Please provide copy of license

Contact Name for Accounting: \_\_\_\_\_

Email Address for sending monthly accounting statements: \_\_\_\_\_

Agency DBA: ( ) Individual ( ) Partnership ( ) Corporation  
Federal Tax I.D. #\ Social Security # \_\_\_\_\_

Organization Affiliations: ( ) IIA ( ) PIA ( ) Other \_\_\_\_\_

E&O Insurance\* Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

**\*ATTACH COPY of DECLARATION PAGE**

Key Personnel	License #*	Email	Title/Duties	Years Exp.
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**\*Please provide all License Numbers and Copies of all Licenses**




List All Companies Your Agency is Currently Producing For:  
**Attach Copies of Most Recent Production Reports**

Personal Lines

Company/General Agent	Line	Premium Volume	Loss Ratio%

Commercial Lines

Company/General Agent	Line	Premium Volume	Loss Ratio%

Annual Premium Volume (All Companies) : \_\_\_\_\_

What percentage of your book of business is surplus lines? \_\_\_\_\_

Are there any lines/classes/coverages you are having trouble placing?

How did you hear about Lane & Associates, Inc.?

Principle Signature: \_\_\_\_\_

Date: \_\_\_\_\_