



Print

Confidential Producer Questionnaire

I. Agency Information:			
Agency Name (Main Office):		Year Established:	Tel:
Main Office Physical Address:		Years at this Address:	Fax:
City:	State: CA CO	Zip:	Number of Additional Offices : _____ Please list these : on a separate sheet and include all information listed in this section: address, phone, fax, etc.
Mailing Address (Include Street, City, State, Zip):		Main Email Address:	
Agency Principal Name & Title:		Web Site Address:	
Agency Accounting Contact Name, Phone & Email:		Agency FEIN:	
III. Sub-Producers:			
Does agency act as a wholesaler or appoint sub production sources?			<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. Agency Workers' Compensation Premium:

Total agency workers' compensation premium?	\$
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V. Top Workers' Compensations Markets:

List carriers with greatest premium volume	Appointment Date (MM/YY)	Written Premium	3 Year Loss Ratio
1.		Volume: \$	Loss Ratio:
2.		Volume: \$	Loss Ratio:
3.		Volume: \$	Loss Ratio:
4.		Volume: \$	Loss Ratio:
5.		Volume: \$	Loss Ratio:

VI. Target Markets:

Identify target markets your agency writes:	Wood Products
Average account premium your agency targets:	
Average commission received:	
Number of producers in your agency:	

VII. MWIA Premium Forecast:

Premium volume your agency hopes to write with MWIA:	
Percentage of premium from new business:	
Percentage of premium from existing business:	

VIII. If YES to any questions below, please attach an explanation on a separate page:

Has the agency, or any shareholder, partner or principal thereof ever declared bankruptcy?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency had any company appointments terminated within the last 12 months for Personal Auto, Personal Property, Workers Compensation or Commercial? If yes, please attach an explanation.	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Does the agency owe return commissions to any carrier or insured that is more than 30 days overdue? If so, please attach an explanation.	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency had a trust check returned by the bank for any reason within the past 2 years? If so, please attach an explanation.	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, shareholder, partner or principal thereof ever been convicted of a felony?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner or principal thereof ever been known by, used, or conducted business/bank accounts in any other name?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner or principal thereof ever been refused an insurance license in any state?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner or principal thereof ever been subject to discipline and/or investigated by the Department of Insurance? If yes, (Include Date, Cause and Action in any explanation)	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Has the agency, or any shareholder, partner or principal thereof ever transacted business with MWIA in this or any other agency? If yes, list Agency Name(s) and date(s).	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?
Any other business activity agency may engage in? If yes, list other activities.	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Attached?

IX. VCCA Compliance Certification:

The federal Violent Crime Control Act, 18 USC 1033 and 1034 ("VCCA"), makes it illegal for any individual or business to engage or participate in the business of insurance if that person has been convicted of violating the VCCA or otherwise has suffered a felony criminal conviction involving dishonesty or breach of trust. It is also illegal to willfully permit another person to engage in the business of insurance if that person is prohibited from doing so under the VCCA. MWIA will provide Producer a copy of the VCCA upon written request.

By initialing the space below, Producer certifies that (1) no principals, agents or employees of Producer have violated any provision of the VCCA by engaging or participating in the business of insurance; (2) reasonable efforts are made by Producer to identify and prevent, on a continuing basis, persons prohibited by the VCCA from engaging or participating in the business of insurance with Producer; and (3) producer agrees to notify MWIA immediately if any person or business with whom Producer participates or engages in the business of insurance who is convicted of any crime covered by the VCCA.

X _____ (Agency Officer's Initials)

X. Legal Statement (please initial and sign where indicated):

I have provided the above information and wish to be considered for appointment. I realize that if all paperwork [Section II] is not submitted, I will not be considered for an MWIA appointment.

X _____ (Agency Officer's Initials)

Principals hereby consent to and authorize MWIA from time to time, to obtain for MWIA's use, a credit report concerning Principals. Information as to the nature and scope of any investigation(s) will be furnished to the individual upon his/her written request within a reasonable time.

X _____ **Date:** _____

Agency Officer's Signature **Title**

By signing and executing this section, you are providing, on behalf of your agency, your written consent to be sent product updates, information and materials via **fax** and **email** by MWIA and its affiliates.

I understand that by providing the fax numbers and email addresses that are listed below or listed on an attached page (as referred to in "Section I. Additional Offices"), I am authorized to and hereby consent for my agency to receive faxes and emails by or on behalf of MWIA.

X _____ **X** _____ **Date:** _____

Agency Officer's Name Printed **Agency Officer's Signature**

XI. Agency Contact Information:

Authorized Agency Contact Name:	Email Address:	Department / Title

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