

INTERLINE

INSURANCE SERVICES, INC.

NEW BROKER QUESTIONNAIRE

License No. 0629313 • 562-926-5061 • FAX 562-685-0202

Please print your information clearly. Use separate sheet if necessary.

A.) GENERAL

1. Name of firm: _____
2. Principal address: _____
3. Mailing address (if different): _____
4. Telephone: (_____) _____
5. FAX: (_____) _____
6. E-mail: _____
7. Type of company: Individual, Partnership, Corporation
8. Taxpayer I.D. No: _____

B.) BACKGROUND

1. Year business established: _____
2. During the past (5) years has the firm acquired/merged with another firm, or has the name changed? Yes No
If yes, please describe: _____

3. Is producer engaged in, owned by, associated or affiliated with or controlled by any other business interest? Yes No, If yes, please describe: _____

4. Are you a member of: NAPSLO AAMGA Others _____, please list: _____

C.) PRINCIPAL & PERSONNEL:

- | 1. Breakdown of producer's staff: | Current Year (how many?) | Prior Year (how many?) |
|-----------------------------------|--------------------------|------------------------|
| Principals/partner, owners, | _____ | _____ |
| Office, managers: | _____ | _____ |
| Brokers: (Other than above): | _____ | _____ |
| Other employees: | _____ | _____ |
| TOTAL STAFF: | _____ | _____ |

Comments: _____

2. Principals/officers/brokers (list in order of % of ownership and attach individual resumes)

| Name(s): | Title/position: | Yrs/Ins.: | Yrs/producer (for you): | %/ownership: |
|----------|-----------------|-----------|-------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

D.) OPERATIONS

1. Do you write business outside state of domicile? Yes No,

If yes, please explain: _____

List all branch of fices: _____

2. Does your brokerage firm operate as a: Wholesaler, MGA, Retailer, or Combination

_____ % Retail, _____ % Wholesale brokerage, _____ % MGA binding authority

3. How is your organization licensed, i.e., excess and surplus lines broker, reinsurance intermediary, or other insurance or reinsurance organization? _____

4. List states your firm has licenses with:

| State: | License#: | State: | License#: |
|--------|-----------|--------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Please attach copies of all current licenses)

5. List by state the number of agents/brokers from whom business is received:

| State | # of agents | State | # of agents |
|-------|-------------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. Do the retail agents/brokers for whom you place business sign an agreement as respects submission of business and payment of premium? If yes, attach a copy of the agreement. Yes No

E.) PREMIUM VOLUME AND DISTRIBUTION

1. Your total volume last four years:

| Year: | Volume: | Year: | Volume: |
|-------|---------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Premium volume: _____ Current Year: _____ Prior Year: _____

Auto: - Liability: _____

- Physical: _____

Physical damage: _____

Property: _____

General liability: _____

Umbrella & excess: _____

Packages: _____

Special programs: _____

Professional liability: _____

Personal lines: _____

Other (describe): _____

TOTAL: _____

3. List your major insurance companies in order of premium volume:

| Name: | Years represented | Annual volume | Loss ratio | Binding authority |
|-------|-------------------|---------------|------------|--|
| _____ | _____ | \$ _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | \$ _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | \$ _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. If answered yes to #3, describe the scope of your binding authority, lines of insurance, etc.:

5. Describe your claims handling procedures:

6. Insurance companies discontinued in the last (5) years:

| Company | Reason: |
|---------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

F. PRODUCTION TO INTERLINE:

Anticipated volume to Interline will come from the following sources:

1. New business: \$ _____

2. Transfer from current insurance company: \$ _____

3. Transfer from discontinued insurance company: \$ _____

Explain briefly: _____

4. Briefly, how does your agency generate new business: _____

G. FINANCIAL

1. Name of accounting contact: _____
2. Title: _____
3. Bank reference -Name: _____
Trust account #: _____ Other: _____
Bank address: _____
Phone: _____ Contact: _____

(Attach copy of latest financial statement.)

3. Do you maintain fidelity coverage over all officers and employees? Yes No
If so, what insurance company: _____
Limits: _____
Deductible: _____
Exp. date: _____

4. Do you maintain E&O coverage? Yes No
If so, what insurance company: _____
Limits: _____
Deductible: _____
Exp. date: _____

5. Has any member of your firm received any disciplinary action by a State insurance department or other regulatory authority? Yes No
If yes, explain: _____

6. Are there any pending or threatened litigation or judgments within the past 5 years exceeding \$10,000 against the broker or any of the principals? Yes No
If yes, explain: _____

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FORGOING ARE TRUE, COMPLETE AND ACCURATE WITH NO MISREPRESENTATION, OMISSIONS, OR ANY OTHER CONCEALMENT OF FACT.

Signature of applicant: _____

Title: _____ Date: _____

(Be sure to include copies of: 1. License, 2. Financial statement, 3. Fidelity dec. page, 4. E&O page with this questionnaire.)

Return to: Eric Litcher, (elitcher@meadowbrook.com)
Interline Insurance Services, Inc., 12641 E. 166th Street, Cerritos, CA 90703