

Custom Assurance

PLACEMENTS, LTD.

A SPECIALTY LINES INSURANCE BROKER

AGENCY QUESTIONNAIRE

Agency Name:	
Contact Name and Title:	
Location Address:	
Mailing Address:	
Phone:	
Fax:	
Contact email:	
Web Address:	
County:	
Business Type:	BUSINESS TYPE: S-Corporation C-Corporation Partnership Sole Proprietor Other(describe):
Fed ID #	

Date Agency Established:	
No of Employees:	
Total Agency Volume:	

Personal Lines: _____% Excess and Surplus Lines: _____%
Commercial Lines: _____% Other: _____%

Agency Principal(s):	

Companies represented and lines used by each: (use an attachment if necessary)

Please explain the product type you are in need of and estimate the annual premium volume you could produce the first year based on a desired or estimated rate or current program rating. (provide details)

Do you currently have a market for the above product and what are the production and loss ratios for this line?

1) Do you have e-mail available to your office staff? _____

2) Agency Management System? _____

Accounting Contact:	
Phone:	
Email:	

3) Number of licensed excess and surplus lines brokers on staff? _____
(Please provide a copy of each broker's license.)

4) E&O Insurance Limit: _____ Carrier: _____

Effective Dates: _____
(Please provide copy of declaration page)

5) Any E&O claims over \$5,000.00 in the last 5 years? _____
(If yes, please explain)

6) Ever had any disciplinary action against you by the department of insurance? _____
(If yes, please explain)

7) Ever had a producer contract cancelled by a carrier or MGA? _____
(If yes, please explain)

This questionnaire is not an agreement to place any business or establish any formal relationship. The information provided is solely for the use of Custom Assurance Placements, Ltd. their brokers and company contacts to review eligibility.

Attachments:

- 1) Current copy of your agency Error & Omissions Insurance Policy.
- 2) Copy of your agency license and agent licenses.
- 3) Copy of the agent excess and surplus lines brokers license for those who will be placing business.
- 4) Contact information with extensions & e-mail addresses for agents.

Signed by: _____ Date: _____

Title: _____

Mail or Fax to:

Custom Assurance

PLACEMENTS, LTD.

IT'S A SNAP WITH CAP

Mailing Address: PO Box 5736, Columbia, South Carolina 29250-5736 USA

Street Address: 1100 Shirley Street, Columbia, South Carolina 29205 USA

Phone: (803) 799-1770 • www.customassurance.com • Fax (803) 799-1817