



SCJ INSURANCE SERVICES
PRODUCER QUESTIONNAIRE

Date _____

Name of business _____ Tax ID # _____

DBA _____

Business address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Business phone # () _____ Fax # () _____

Business E-mail _____ Business website _____

Would you like bulletins and announcements sent to your business E-mail address? () Yes () No

() Partnership () Sole Proprietorship () Corporation - Willing to sign a personal guaranty? () Yes () No

Years in business _____ Years owned business _____ Year formed _____

Office Location: () Resid. () Busi./Indust. () Shopping Mall Type of Office: () Suite () Store Front () House

What other business activities does the business engage in? _____

Ever transacted business with SCJ Insurance Services under this or any other name? () Yes () No If Yes, list names:

Organization license name and number _____

Individual license name _____ () Agent () Broker License # _____

Premium trust account # _____ Bank _____

Ever subject to discipline or presently under investigation by the Department of Insurance? () No () Yes Date _____

Cause _____

Action _____

E & O Insurance Carrier _____

Limits _____ Deductible _____ Effective _____ Expiration _____

Describe what steps are taken to protect your business and carriers from E & O claims _____

Describe what training methods are used in your business _____

Personnel in office other than principals:

NAME	YEARS IN INSURANCE	LICENSE STATUS	POSITION IN BUSINESS

Describe your sources of business _____

Lines written and % of each _____

List any insurance companies that have terminated or restricted your authority to do business with them in the last 3 years and the reasons for this action _____

Carriers Represented:

- | | <u>Specialty</u> | | |
|----------|------------------|-------------|--|
| a. _____ | Volume _____ | Years _____ | |
| b. _____ | Volume _____ | Years _____ | |
| c. _____ | Volume _____ | Years _____ | |
| d. _____ | Volume _____ | Years _____ | |

- | | <u>Preferred</u> | | |
|----------|------------------|-------------|--|
| a. _____ | Volume _____ | Years _____ | |
| b. _____ | Volume _____ | Years _____ | |
| c. _____ | Volume _____ | Years _____ | |
| d. _____ | Volume _____ | Years _____ | |

Total monthly volume _____ Monthly auto volume _____

Estimated SCJ Insurance services monthly volume _____

What associations do you belong to? () PIA () IBA West () Agents Alliance () Other _____

How did you hear of SCJ Insurance Services? _____

Principals hereby consent to and authorize SCJ Insurance Services, from time to time, to obtain for SCJ Insurance Services' 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.

_____ Title _____ Date _____

Business Principal Signature

Title

Date

Principal name _____ Title _____ % owned _____

Home address _____ City _____ State _____ Zip _____ Years _____

Home phone # () _____ Social Security # _____

Drivers' license # _____ State _____ Expiration _____ Date of Birth _____

Ever declared bankruptcy? () Yes () No Ever been convicted of a felony? () Yes () No If yes, explain _____

Ever been known by, used, or conducted business or bank accounts in any other name? () Yes () No If yes, list any additional names _____

Ever been refused an insurance license in any state? () Yes () No If yes, which state and explain _____

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Business Principal Signature Title Date

Principal name _____ Title _____ % owned _____

Home address _____ City _____ State _____ Zip _____ Years _____

Home phone # () _____ Social Security # _____

Drivers' license # _____ State _____ Expiration _____ Date of Birth _____

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