

# VISTA INSURANCE PARTNERS OF ILLINOIS, INC.

## PRODUCER QUESTIONNAIRE

### COMPANY INFORMATION

Legal Name of Organization:

Address:

Mailing Address (if different):

Telephone Number:

Fax Number:

Web Address:

Name of Parent Company (if any):

Number of Years in Business:

Number of Branch Offices:

Licenses: **Please attach copies.**

Resident	States:
Non-Resident	States:
Surplus Lines	States:

Name of Principal(s):

Premium Volume – Last 3 Years:

Year:	\$
Year:	\$
Year:	\$

Top Five Markets You Represent:

- 1)
- 2)
- 3)
- 4)
- 5)

List and explain any MGA or special underwriting programs you control:

**REFERENCES**

List three sources of business that can give references:

Name	Company	Telephone
1)		
2)		
3)		

**FINANCIAL**

Federal Tax ID Number:

Are insurance premiums kept separate from other monies and restricted from other use?

If so, at what Bank:

Name:  
Address:  
Telephone:  
Contact Name:

Are your financial statements audited annually?

If no, please explain:

If yes, type of opinion rendered by CPA? (Qualified/Nonqualified)

Name and Address of CPA:

**INSURANCE**

Errors and Omissions Coverage: **Please attach a Certificate of Insurance verifying coverage.**

Carrier:  
Limits:  
Expiration Date:

Fidelity Coverage: **Please attach a Certificate of Insurance verifying coverage.**

Carrier:  
Limits:  
Expiration Date:

