

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:

