



SPECIALTY INSURANCE MANAGERS OF OKLAHOMA, INC.

PRODUCER QUESTIONNAIRE

Name of Agency _____

Address _____

_____ County _____ Telephone No. _____

Business Tax No. or Social Security No. _____

Agency is: Individual Partnership Corporation

If subsidiary, list agency's parent corporation _____

How many years has agency been established? _____ Years

List any former agency names or previous addresses _____

PRINCIPALS, PARTNERS OR CORPORATE OFFICERS

Name _____ Title _____

Residential Address _____

Name _____ Title _____

Residential Address _____

Name _____ Title _____

Residential Address _____

Total Number of Employees _____

Number of Branch Offices _____

Number of Licensed Producers _____

PERSONAL HISTORY OF MAJOR PRINCIPALS

Agent's Name _____ Date of Birth _____

Are you active in the agency? _____

What are your other business interests? _____

PREVIOUS BUSINESS EXPERIENCE (LAST 7 YEARS)

From	To	Position	Name of Firm and Address	Reason for Changing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROPERTY AND CASUALTY LICENSES

Names as Shown on State License	Type of License	License No.	Individual S.S. Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Attach photocopies of all property and casualty licenses.

AGENCY INFORMATION

Give a brief statement describing type of business written by agency and sources of such business:

Principal Companies (Last fiscal year) And Address	Property and Casualty Volume	Length of Representation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Agency Premium Volume by Year for 3 Prior Years

Year	Personal	Commercial
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the percentage of business derived from sources other than direct agency solicitation (if auto dealers, banks, etc)? Please explain. _____

List All Changes in Company Connections by Your Agency in the Past 3 years

Companies Added	Date	Companies Terminated	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has agency ever been sued as a result of official acts performed? Yes No

If yes, please complete the following:

Date of Lawsuit	Nature of Lawsuit	Legal Results	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does agency carry Errors and Omissions Insurance? Yes No

If yes, please furnish certificate of insurance and/or complete the following:

Underwriter And/or Company	Policy No.	Policy Period From	To	Liability Deductible	SIR
_____	_____	_____	_____	_____	_____

Does agency's umbrella or excess cover Agent's E & O? Yes No

If yes, please provide the following:

Underwriter And/or Company	Policy No.	Policy Period From	To	Limits of Liability
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FINANCIAL INFORMATION

Please attach audited financial statement for prior fiscal year.

Please provide current financial information as described below:

Date of financial statement below is: Month _____ Day _____ Year _____

Premiums Due From Insureds

For Premiums written
In (present month) \$ _____
Month of _____

For Premiums written
In (last month) \$ _____
Month of _____

For Premiums written
In (2nd prior month) \$ _____
Month of _____
TOTAL \$ _____

Premiums Due from Insurance Companies

For net Premiums written
in (present month) \$ _____
Month of _____

For net Premiums written
in (last month) \$ _____
Month of _____

For net Premiums written
in (2nd prior month) \$ _____
Month of _____
TOTAL \$ _____

Agency Owns (Assets)

Premium trust bank account \$ _____
Cash on hand (in bank) \$ _____
Premiums due from insureds \$ _____
All other amounts receivable \$ _____

TOTAL cash and receivables \$ _____

*Office furniture and equipment \$ _____
*Automobiles (Year/Make) \$ _____

Real Estate Owned \$ _____
Less Mortgage \$ _____

Cash value of life insurance \$ _____
Case value of stocks, bonds \$ _____
Itemize other assets (see attached) \$ _____
Average annual commissions \$ _____
Total \$ _____

Agency Owes (Liabilities)

Amount due to insurance companies \$ _____
All other accounts due \$ _____
TOTAL amounts payable \$ _____
Notes payable to banks (describe) \$ _____

All other notes payable (describe) \$ _____

Federal income tax payable \$ _____
Itemize any other liabilities (see attached) \$ _____
Net worth of agent \$ _____
Capital stock (if corporation) \$ _____
Surplus (if corporation) \$ _____
Total \$ _____

*Actual or depreciated value

List Banks Where Agency Maintains Accounts

Type of Account	Name of Bank and Address	Account Officer
Business Account	_____	_____
Premium Trust Account	_____	_____
Personal Account	_____	_____

If more than one agency office, list central accounting office, personnel and phone no.

Does agency utilize specialty insurance companies? Yes No If yes, please list.

Name of Specialty Company	Type of Business	Amount of Business	Loss Record	Length of Representation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Principal Wholesale Brokers

Name and Address	Length of Association	Brokers Terminated (last 6 years)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E-mail Address _____

Website _____