

CCIS

PRODUCER QUESTIONNAIRE

STATE OF NEVADA

Please forward your completed questionnaire to:

CENCAL 

Insurance Services, Inc.
Sales and Marketing Department
P. O. Box 5081
San Ramon, CA 94583
(800) 937-3965

Please complete the questionnaire in its entirety. Incomplete questionnaire will not be considered. Thank you for considering a partnership with CenCal Insurance Services, Inc.

PRODUCER PROFILE

(PLEASE PRINT OR TYPE)

Legal Name of Agency/Brokerage: _____

Doing Business As: _____

Company Mailing Address: _____

City: _____ State: _____ ZIP _____

Physical Location Address: _____

City: _____ State: _____ ZIP _____

Telephone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Number of office locations: _____

(Please attach a complete list of addresses, phone and fax numbers for each location)

Information on all persons with an ownership interest (please attach a separate sheet if necessary):

Owner / Principal: 1): _____ Male Female % of Ownership: _____

Home Address: _____

City, State, ZIP: _____

Home Phone Number: _____

Owner / Principal: 1): _____ Male Female % of Ownership: _____

Home Address: _____

City, State, ZIP: _____

Home Phone Number: _____

Owner / Principal: 1): _____ Male Female % of Ownership: _____

Home Address: _____

City, State, ZIP: _____

Home Phone Number: _____

Entity is: Partnership LLC Sole Proprietor Corporation _____

Federal ID or Soc. Sec. No.: _____

Contact Person(s) 1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

Associations to which you belong: Alliance LAAA IBA NAPSLO Other _____

Bank Name/Contact: _____ / _____

Bank Address/Phone: _____ () _____

Type of Account and Account Nos.: Operating Trust

Do you use an Agency Management System: Yes No If yes, please specify _____

Do you use a Comparative Rating System: Yes No If yes, please specify _____

Do you use outside premium finance companies? Yes No If yes, please specify _____

Agent/Broker Name: _____ License No. _____

Issue Date: _____ Expiration Date: _____

Number of employees: _____ How many are licensed? _____

Are any of these people part time? Yes No If yes, who/where? _____

Do any employees work outside the office? Yes No If yes, who/where? _____

List Key Employees:	Name	Title	Licensed?	Years Employed
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Name of Errors and Omissions insurance provider: _____

Policy No.: _____ Policy effective date(s): _____

Have you or anyone in your agency/brokerage been sued concerning any insurance related activities? Yes No
Had any disciplinary action from regulatory agency? Yes No

If yes, please describe: _____

Annual Written Premium: \$ _____ Commercial Lines: \$ _____

Personal Lines: \$ _____ Non-Standard Auto: \$ _____

How long owned by current principals? Yrs. _____ Mos. _____ Location Urban Small town Suburban

Facility Type:

Commercial Strip Mall/Strip Mall Office Building Industrial

Is the office located in a residence? Yes No

Is the office shared with another business? Yes No

Business Hours: (Including Evenings & Weekends): _____

Carrier Information

Non-Standard Auto Carriers (top three in order of volume):

1. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

2. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

3. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

Preferred Auto Carriers (top three in order of Volume):

1. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

2. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

3. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

Commercial Carriers (top three in order of volume):

1. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

2. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

3. Name _____ Ann. Prem. _____ Loss Ratio _____ Contingency Yes No

*** Please attach production and loss results for top two carriers from all three categories.

Names of additional companies acquired within the past 24 months: _____

What companies have you lost in the past 24 months? _____

Marketing Information

Do you advertise? Yes No If yes, how? Radio/TV Pennysaver Flyers

Yellow Pages Billboards Other: _____

Describe the principal marketing territory and demographics: _____

Do you market to any specific groups or associations? Yes No If yes who? _____

First year volume commitment to CenCal Personal Lines \$ _____

First year volume commitment to CenCal Commercial Lines \$ _____

Do you charge any fees? Yes No If yes, attach copy of your disclosure forms.

If yes, what is the maximum fee charged for an auto policy? _____

What is the maximum fee charged for a commercial policy? _____

Comments/Remarks

I represent and warrant that the statements made in this application are true to the best of my knowledge, information and belief.

Print Name of Agency / Brokerage _____

By (Signature): _____ Date: _____

Print Name: _____

Title: _____

DO NOT SUBMIT WITHOUT Items 1 – 3. Include items 4 & 5 when applicable.

Please attach the following to your application:

1. Copy of current license
2. Errors and Omissions Dec Page
3. Loss experience reports from current markets
4. Fee Disclosure Form
5. If in business less than one year, include resume for all owners and three year business plan.

FOR COMPANY USE ONLY

Date: _____

Approved: Yes No

By: _____

Denial Code: _____

Producer Code: _____