



CONFIDENTIAL PRODUCER QUESTIONNAIRE

COMPANY INFORMATION

Legal Name of Agency: _____

DBA (if different from above): _____

Street Address: _____

City, State, Zip: _____

Mailing Address, (if different from above): _____

City, State, Zip: _____

Contact Name: _____

Telephone: _____ Fax: _____

Email address: _____

Web Site Address: _____

Tax I.D. Number: _____

Agency E&O Carrier: _____

Policy Number: _____ Expiration Date: _____

Policy Limit: _____

CHECK APPROPRIATE BOX THAT DESCRIBES YOUR ORGANIZATION

- Corporation
 Partnership
 LLC
 Individual
 Other: _____
 Wholesale Broker
 Retail Broker
 MGA

LIST BROKER INFORMATION FOR RESIDENT STATE

License Number: _____ State: _____

Surplus Lines License Number: _____ State: _____

YOUR SPECIALTIES: PROVIDE PERCENTAGE

_____ % Environmental	_____ % Construction
_____ % Architects and Engineers	_____ % Manufacturing
_____ % Retail	_____ % Real Estate
_____ % Transportation	_____ % Distributor/Wholesaler
_____ % Agriculture	_____ % Financial Institutions
_____ % Energy	_____ % Other (specify) _____

Total of above to be 100%

Approximate (Property and Casualty) Premium Size of this office: _____

MAJOR INSURANCE COMPANIES YOU REPRESENT:

Company: _____ Premium Volume: \$ _____

Company: _____ Premium Volume: \$ _____

Company: _____ Premium Volume: \$ _____

Has a principal or officer or your office ever been charged or convicted of fraud or felony? Yes No

(If 'yes,' please provide details. Use reverse if necessary): _____

Has your individual or corporate insurance license ever been suspended and/or revoked or have you ever been fined by an insurance department? Yes No

(If 'yes,' please provide details. Use reverse if necessary): _____

Preferred Contact Method: Email Fax Mail

To be considered as approved producer for New Day Underwriting Managers LLC, your signature and title are required on this document. Your are confirming the information contained within this questionnaire is correct and there have been no material misrepresentations.

Print Name: _____

Title: _____

Signature: _____

Date: _____