

Producer Questionnaire

Name of Business _____ Tax ID # _____

DBA _____

Contact Name _____

Business Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone # (____) _____ Fax # (____) _____

Business E-mail _____

Website _____

Would you like announcements sent to your business e-mail address? Yes No Partnership Sole Proprietorship Corporation LLCWilling to sign a personal guarantee? (needed for corp./LLC) Yes No

Years in business _____ Years owned business _____ Year formed _____

Office Location Residence Business/Industrial Shopping MallType of Office Suite Store Front House

What other business activities does this business engage in? _____



Ever transacted business with Bridger under this or any other name? Yes No

If Yes, list names _____

Organization license name and number _____

Individual license name _____

Agent Broker Corp. or LLC State _____ License # _____

Ever subject to discipline or presently under investigation by Department of Insurance?

Yes (If yes, date: _____) No

Cause _____

Action _____

E & O Insurance Carrier _____

Limits _____ Deductible _____ Effective _____ Expiration _____

Personnel in office other than principals:

| <i>Name</i> | <i>Years in Insurance</i> | <i>License Status</i> | <i>Position</i> |
|-------------|---------------------------|-----------------------|-----------------|
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Do you sell services or products other than insurance? _____

List any insurance companies that have terminated/restricted your authority to do business with them in the last 3 years and the reasons for this action _____



Bank Information (Please Attach Voided Checks)

Trust Account (for sweeping premiums)

Routing # _____ Account # _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Operating Account (for commission payments)

Routing # _____ Account # _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Carriers Represented:

Specialty

1. _____ Volume _____ Years _____

2. _____ Volume _____ Years _____

3. _____ Volume _____ Years _____

4. _____ Volume _____ Years _____

Preferred

1. _____ Volume _____ Years _____

2. _____ Volume _____ Years _____

3. _____ Volume _____ Years _____

4. _____ Volume _____ Years _____

Total monthly volume _____ Monthly auto volume _____



Estimated Bridger Insurance monthly volume _____

Association memberships? PIA IBA West Agents Alliance BIG Ins

Other _____

How did you hear of Bridger Insurance? _____

Principals hereby consent to and authorize Bridger Insurance, from time to time, to obtain for Bridger Insurance's use, a credit report concerning principals. Information as to the nature and scope of any investigation(s) will be furnished to the individual upon his/her written request within a reasonable time.

Business Principal Signature

Title

Date



Previous Positions

Principal Name _____ Title _____ % Owned _____

Home Address _____

City _____ State _____ Zip _____ Years _____

Home Phone # (____) _____ Social Security # _____

Drivers' License # _____

State _____ Expiration _____ Date of Birth _____

Ever declared bankruptcy? Yes No Ever convicted of a felony? Yes No

If Yes, explain _____

Ever been known by, used, or conducted business or bank accounts in any other name?

Yes No

If Yes, list additional names _____

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Business Principal Signature

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Date



Previous Positions

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