



Total Program Management Retail Agent Questionnaire

Legal Name of Producer _____

dba Name or AKA _____

Mailing Address _____

Physical Address _____

Name and E Mail of Principal Contact _____ E Mail _____

Name and Address for E&O HolderAddress: _____

E Mail _____

Telephone _____

Fax _____

Federal Tax ID No. _____

Is your Organization Corporation: _____ Partnership: _____ Individual: _____

Is your organization part of an Aggregator or National Producer? If so please explain. Yes No

Producer Home State and License Number: _____

Surplus Lines Producer Number: _____

Errors and Omissions Coverage: Carrier _____ Limits _____ Deductible _____

Key Personnel in Your Company

Name	Email	Title	Years with Agency
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Total Premium Volume

Commercial Lines \$ _____
Personal Lines \$ _____

Total Premium by Class

Long Term Care and Senior Living \$ _____
Allied Medical and Miscellaneous Medical \$ _____
Non-Profit and Social Service \$ _____
Hospitals (Community and Regional) \$ _____
Life Sciences \$ _____
Managed Care \$ _____

Premium By Coverage Placed

Healthcare Professional Liability \$ _____
Workers Compensation \$ _____
Stand Alone CGL \$ _____
Umbrella / Excess \$ _____
Commercial Property \$ _____
Commercial Auto \$ _____
Cyber Liability and Tech E&O \$ _____
Management Liability (D&O, EPL, Fiduciary) \$ _____