

Producer Questionnaire

Name of Agency/Brokerage: _____

Street address: _____
Street City State Zip

Telephone: _____ Facsimile: _____ Website: _____

Year business established: _____

Is the Brokerage engaged in, owned by, associated or affiliated with, or controlled by any other interest?

Yes No If yes, explain: _____

Estimated written premium volume at agency for the last full year: \$ _____

Estimated percentage breakdown for last full year premiums: _____% Commercial, _____% Personal and Employee Benefits, _____% Executive Liability, _____% Professional Liability, _____% Other (describe)

List top 5 carriers in descending order by premium volume: _____

List the top 5 industry types of your customers: _____

List the top 5 states where your customers are based: _____

List your client demographic by employee size:

_____% <100 employees, _____% 101-250 employees, _____% 251-500 employees, _____% >750 employees

Executive/professional liability contact at agency is: _____

Executive and Professional Liability production to Monitor in the next 12 to 24 months (estimate):

New business: \$ _____

Explain briefly: _____

List other W.R. Berkley Company(s) with which you conduct business and indicate which years:	
Company:	Time Period:

Upon completion, please return via email to your Business Development Representative.