

II. Personnel/Contacts

Company Principals:

Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____

Producers:

Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____
Name: _____ Tel. # _____
E-mail: _____

Accounting:

Name: _____ Tel. # _____
E-mail: _____

Marketing:

Name: _____ Tel. # _____
E-mail: _____

III. Operations

Does your brokerage operate as a Wholesaler Retailer or Combination?

_____ % Retail _____ % Wholesale

Please describe: _____

Please describe the following: (If more space is needed please attach additional information)

Any specialty programs offered:

Any exclusive agency agreements:

Any MGA binding authority:

Please list all states your brokerage is licensed in for (P&C):

Brokerage E&O carrier: _____

E&O policy limits:
(Min \$1,000,000) \$ _____ Exp. Date: _____

Current Carrier relationships in order of premium volume:

Principal/Officer Signature: _____ **Date:** _____

Name & Title: _____

Please note that Willis Programs does not share the information provided in this document

IV. Do you have a concentration of business in any of the following?

- Analytical Testing Firms
- Alcohol & Drug Treatment Centers
- Auto, Truck & RV Dealers – Franchised
- Auto Dealers Open Lot
- Auto Service Related Businesses
- Bed and Breakfast & Country Inns
- Destination Resorts
- Document Destruction
- Environmental Engineers
- Environmental Impairment Liability
- Hazardous Materials Trucking
- Home Health Care
- Home Owners Associations
- Ice Rinks
- Lawyer's Professional Liability
- Limousine Operators
- Medical Equipment Providers
- Medical Facilities
- Medical Staffing
- Metal Working
- Petroleum Marketers
- Plastics Manufacturers
- Recyclers
- Social Services
- Solar Energy Consultants and Contractors
- Truck Aftermarket Equipment Installers
- Utilities
- Waste Haulers
- Well Drillers
- Workers' Compensation

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