

NATIONAL TRANSPORTATION ASSOCIATES, INC.

Thank you for your interest in NTA General Insurance Agency. As part of the process in evaluating producers and consideration of their appointment with our office, we ask that you complete the attached Producer Questionnaire.

In addition to the following Questionnaire, please be sure to include the items noted on the following checklist:

- Copy of Errors & Omission Declarations Page
- Current Income Statement & Balance Sheet
- Copy of all State Licenses (Company & Employees)

- W-9 Form
- Surplus Lines License(s)

Please allow five (5) business days for our office to evaluate the information and get in touch with you.

NTA GENERAL INSURANCE AGENCY
333 NORTH CANYONS PARKWAY, SUITE 225
LIVERMORE, CA 94551

PHONE: (925) 292-8900 FAX: (925) 449-1100 WEBSITE: www.ntageneral.com

NTA General Insurance Agency - Producer Questionnaire

Brokerage Name:		DBA:			
Address:			City:	State:	Zip:
Phone:	Fax:	Email:	Website:		
FEIN:	License Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			Year Established:	

Brief history and description of your firm:	

List all owner(s) of the business entity (Partners, Corporate Officers, Etc.):			
Name:	Title:	Percentage of Ownership:	License Number:

Are any of the above engaged in any other business or occupation outside of this brokerage? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, please explain:

Has any brokerage Principal ever filed bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, please provide details:

List all lawsuits in which you or your company has been a Plaintiff OR Defendant in the last five (5) years. (Please provide details including State, Case Number & Result.)

Has your brokerage ever done business under any other name? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, provide name and reason for change:

List all brokers, solicitors, producers, sales persons, etc. placing business through your brokerage:				
Name	License	Expertise	Years with Brokerage	Years in Industry

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List the names of the top five (5) General Agencies and/or Insurance carriers you place business with.				
General Agent	Insurance Company	Line(s) of Business	Volume	Loss Ratio
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Agency Volume:			
Projected for next year	Current Year	First Previous Year	Second Previous Year
\$	\$	\$	\$

Percentage of Business & Premium Volume generated by Line of Business:					
Line of Business	Percentage	Volume	Line of Business	Percentage	Volume
Commercial Fire & Inland Marine	%	\$	Commercial Umbrella/Excess:	%	\$
Personal Umbrella/Excess	%	\$	Garage Dealers	%	\$
Commercial Auto	%	\$	Workers Compensation	%	\$
Life	%	\$	Accident/Health	%	\$
Homeowners	%	\$	Personal Auto	%	\$
Personal Floater	%	\$	Other:	%	\$

If you have more than one office, please provide information below:							
Address:		City:		State:		Zip:	
Phone:		Fax:		Contact Person:		Email:	

Errors & Omission Carrier:		Limit:	\$	Deductible:	\$
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Which General Agent and/or Insurance Company does your agency feel is most competitive & why?

Which Specific Classes of business does your agency feel NTA will be of the greatest assistance?

What annual Volume do you anticipate placing with NTA?							
First six months:	\$	First Year:	\$	Second Year:	\$	Third Year:	\$

If agency is a new venture or if there has been an ownership change, please explain:

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Bank handling Insurance Trust Account:										
Address:				City:			State:		Zip:	
Phone:		Fax:		Contact Person:		Email:				

Is your office's business all direct production? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes, please provide an explanation:	

Has any company ever cancelled a producer agreement with you? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If not, please explain:	

ADDITIONAL SPACE, IF NEEDED:

SIGNATURE:		
_____	_____	_____
Date	Signature	Print Name & Title