



3D STAR INSURANCE SERVICES, INC.

PRODUCER QUESTIONNAIRE

Please take a few moments to complete this brief questionnaire so that we can better serve you.

Agency Name: _____

Address: _____

Branch Offices: _____

Names of Agency Principals and Titles:

What is your annual Commercial Premium volume? _____

Name of key contacts and titles (please list those individuals responsible for the placement of business)

Name of E&O Carrier: _____ Limits: _____

Please list the major commercial insurance markets represented by your agency:

Please list the wholesalers, MGA's and surplus lines brokers that you do business with and the annual premium placed with each of them:

_____ Premium: _____
_____ Premium: _____
_____ Premium: _____

Please describe any areas of commercial insurance that the agency specializes in: _____

Does your agency administer and commercial insurance programs for groups, associations, etc.? _____

If so, please describe _____

What needs does your agency have as respects an insurance wholesaler/surplus lines broker:

Thank you