

**BROKER/INTERMEDIARY QUESTIONNAIRE**

**Please return completed questionnaire to:**

**IndependenceCare Underwriting Services**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Primary Contact \_\_\_\_\_

=====

1. List Owners, Partners and Officers of the Company:

Name	Title	Length of Service

2. Total number of professional staff: \_\_\_\_\_ Total staff: \_\_\_\_\_

3. What licenses does the company hold? \_\_\_\_\_  
(Please provide a copy of the license.)

4. List the states in which the company is authorized to transact business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please provide a copy of all licenses.)

5. Total annual premium written for the past three years:

Current Year: \_\_\_\_\_

First Prior Year: \_\_\_\_\_

Second Prior Year: \_\_\_\_\_

6. Does the company segregate premium funds in a separate trust account?

\_\_\_\_\_ Yes \_\_\_\_\_ No\*

\*(If No, please describe what measures are in place to safeguard premiums.)

\_\_\_\_\_  
\_\_\_\_\_

7. Does the company maintain a fidelity bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what type of bond? (attach a copy) \_\_\_\_\_

Does bond contain a deductible? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Amount

Amount of the bond: \_\_\_\_\_ Per Occurrence

\_\_\_\_\_ Aggregate

8. Does the company maintain Errors and Omissions coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please attach a copy of the policy.

9. Please list other carriers doing business with this company:

Carrier	First Prior Year Premium	Loss Ratio	Second Prior Year Premium	Loss Ratio

10. Has any carrier refused or withdrawn authorization to do business with them?

\_\_\_ Yes \_\_\_ No (If Yes, please explain.) \_\_\_\_\_  
 \_\_\_\_\_

11. Is the company's computer system Year 2000 compliant? \_\_\_ Yes \_\_\_ No

12. Please provide the name and address of the company's primary bank:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

13. Please provide a copy of the company's most recent financial statement.

14. Please provide a copy of your marketing materials.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_