



SUB-PRODUCER QUESTIONNAIRE

(USE A SEPARATE ANSWER SHEET IF NECESSARY)

NAME OF FIRM _____

PRINCIPAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

TELEPHONE _____ FAX _____ EMAIL _____

CORPORATION PARTNERSHIP INDIVIDUAL TAXPAYER I.D. NUMBER _____

BACKGROUND

YEAR BUSINESS WAS ESTABLISHED _____

ARE YOU A MEMBER OF ANY AGENCY ASSOCIATION? YES NO

IF YES, PLEASE LIST _____

NUMBER OF YEARS EXPERIENCE WITH LAWYERS PROFESSIONAL LIABILITY _____ PREMIUM VOLUME OF LPL BOOK _____

ARE YOU A WHOLESALER? YES NO

NUMBER OF LPL POLICIES ON YOUR BOOKS _____

PRINCIPALS & PERSONNEL

BREAKDOWN OF STAFF:

PRINCIPALS/PARTNERS/OWNERS _____

OFFICERS/MANAGERS _____

LICENSED PRODUCERS _____

OTHER EMPLOYEES _____

TOTAL STAFF _____

DO YOU MAINTAIN ERRORS AND OMISSIONS COVERAGE YES NO

INSURANCE COMPANY _____ LIMIT _____

DEDUCTIBLE _____ EXPIRATION DATE _____

HAS ANY MEMBER OF YOUR FIRM RECEIVED ANY DISCIPLINARY ACTION BY A STATE INSURANCE DEPARTMENT OR OTHER REGULATORY AUTHORITY? YES NO

IF YES, PLEASE EXPLAIN _____

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FOREGOING QUESTIONS ARE TRUE, COMPLETE AND ACCURATE WITH NO MISREPRESENTATIONS, OMISSIONS, OR ANY OTHER CONCEALMENT OF FACT. COMPLETION OF THIS QUESTIONNAIRE DOES NOT GUARANTEE ACCEPTANCE BY DANIELS-HEAD.

SIGNATURE OF APPLICANT _____

TITLE _____ DATE _____