

Offshore General Agency Inc.

PRODUCER QUESTIONNAIRE

Please type your answers. Use a separate answer sheet if necessary.

A. 1. NAME OF FIRM: _____

2. PRINCIPAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

3. MAILING ADDRESS (If different from above) _____

4. TELEPHONE: _____ FAX: _____

{ } CORPORATION { } PARTNERSHIP { } SOLE PROPRIETOR

TAXPAYER ID NO: _____

B. BACKGROUND

1. YEAR BUSINESS ESTABLISHED: _____

2. DURING THE PAST 5 YEARS, HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM, OR HAS THE FIRM CHANGED NAMES?

YES _____ NO _____ IF YES, PLEASE DESCRIBE: _____

3. IS PRODUCER ENGAGED IN, OWNED BY, ASSOCIATED WITH, AFFILIATED WITH, OR CONTROLLED BY ANY OTHER BUSINESS INTEREST?

YES _____ NO _____ IF YES, EXPLAIN: _____

4. ARE YOU A MEMBER OF NAPSLO? _____ AAMGA? _____ OTHER? _____

IF OTHER, PLEASE LIST:

C. PRINCIPALS & PERSONNEL

1. BREAKDOWN OF PRODUCER'S STAFF	CURRENT YEAR (Number)	PRIOR YEAR
PRINCIPALS/PARTNERS, OWNERS:	_____	_____
OFFICERS, MANAGERS:	_____	_____
PRODUCERS: (Other than above)	_____	_____
OTHER EMPLOYEES:	_____	_____
TOTAL STAFF:	_____	_____

**2. PRINCIPALS/OFFICERS/PRODUCERS
(LIST IN ORDER OF % OF OWNERSHIP &
ATTACH RESUMES)**

NAME	TITLE OR POSITION	YEAR STARTED IN INSURANCE	YEAR STARTED W/ PRODUCER	% OF OWNERSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. OPERATIONS

1. DO YOU WRITE BUSINESS OUTSIDE STATE OF DOMICILE? YES ____ NO ____
IF YES, EXPLAIN:

LIST ALL BRANCH OFFICES: _____

2. DOES YOUR FIRM OPERATE AS A WHOLESALER, MGA, RETAILER OR COMBINATION?

_____ **% RETAIL** _____ **% WHOLESALE
BROKERAGE** _____ **% MGA
BINDING
AUTHORITY**

**3. HOW IS YOUR ORGANIZATION LICENSED, I.E. EXCESS AND SURPLUS LINES BROKER,
REINSURANCE INTERMEDIARY OR OTHER INSURANCE OR REINSURANCE
ORGANIZATION?**

4. LIST STATES WITH LICENSES:

STATE	LICENSE #	STATE	LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____

5. LIST BY STATE THE # OF PRODUCERS FROM WHOM BUSINESS IS RECEIVED.

6. DO THE RETAIL PRODUCERS FOR WHOM YOU PLACE BUSINESS SIGN AN AGREEMENT AS RESPECTS SUBMISSION OF BUSINESS AND PAYMENT OF PREMIUM? IF YES, ATTACH A COPY OF THE AGREEMENT. YES _____ NO _____

E. PREMIUM VOLUME AND DISTRIBUTION

1. YOUR TOTAL VOLUME LAST FIVE YEARS:

2. VOLUME

	Current Year	Prior Year
Ocean Cargo	_____	_____
Hull	_____	_____
P&I	_____	_____
Marine Primary Liabilities	_____	_____
Marine General Liability	_____	_____
Bumbershoot & Excess	_____	_____
Yachts	_____	_____
Inland Marine	_____	_____
Other (Please Describe)	_____	_____
TOTAL	_____	_____

3. LIST MAJOR COMPANIES IN ORDER OF PREMIUM VOLUME:

Name	Years Represented	Annual Volume	Loss Ratio	Binding Authority? (If yes, see below)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

4. DESCRIBE SCOPE OF BINDING AUTHORITY, I.E. LIMIT OF AUTHORITY, LINES OF INSURANCE, ETC.

5. DESCRIBE CLAIMS HANDLING PROCEDURES:

6. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS:

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F. PRODUCTION TO COMPANY

ANTICIPATED VOLUME TO COMPANY WILL COME FROM THE FOLLOWING SOURCES:

1. NEW BUSINESS \$ _____
2. TRANSFER FROM CURRENT COMPANY IN OFFICE \$ _____
3. TRANSFER FROM DISCONTINUED COMPANY \$ _____

EXPLAIN: _____

DO YOU MAINTAIN FIDELITY COVERAGE OVER ALL OFFICERS AND EMPLOYEES?

YES _____ NO _____

IF SO, PLEASE INDICATE THE FOLLOWING:

INSURANCE COMPANY: _____

LIMITS: _____

DEDUCTIBLE: _____

EXPIRATION DATE: _____

DO YOU MAINTAIN E & O COVERAGE?

YES _____ NO _____

IF YES, PLEASE INDICATE THE FOLLOWING:

INSURANCE COMPANY: _____

LIMITS: _____

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, EXPLAIN: _____

IS THERE ANY PENDING OR THREATENED LITIGATION OR JUDGMENTS WITHIN THE PAST 5 YEARS EXCEEDING \$10,000 AGAINST THE PRODUCER OR ANY OF THE PRINCIPALS?

YES _____ NO _____

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FOREGOING QUESTIONS ARE TRUE, COMPLETE, AND ACCURATE WITH NO MISREPRESENTATIONS, OMISSIONS, OR OTHER CONCEALMENT OF FACT.

SIGNATURE OF APPLICANT: _____

TITLE: _____

DATE: _____

RETURN TO: Our fax # 631-298-7845

Offshore General Agency Inc.
15400 Main Rd
Mattituck, NY 11952
Tel # 631-298-7844
Fax # 631-298-7845