



GEMINI TRANSPORTATION UNDERWRITERS

| a Berkley Company

STANDARD BROKER QUESTIONNAIRE

Please type your answers on this form digitally, or print the form and hand write your answers.

A. GENERAL

1. NAME OF FIRM: _____
2. PRINCIPAL ADDRESS: _____
3. MAILING ADDRESS: (if different from above) _____
4. TELEPHONE: _____ FAX: _____
 CORPORATION PARTNERSHIP INDIVIDUAL
5. FEIN # _____

B. BACKGROUND

1. YEAR BUSINESS ESTABLISHED: _____
2. DURING THE PAST FIVE YEARS HAS THE FIRM ACQUIRED OR MERGED WITH ANOTHER FIRM OR HAS THE FIRM CHANGED NAMES? YES NO

IF YES, DESCRIBE _____

3. IS THE PRODUCER ENGAGED IN, OWNED BY, ASSOCIATED OR AFFILIATED WITH OR CONTROLLED BY ANY OTHER BUSINESS INTEREST? YES NO

IF YES, EXPLAIN: _____

ARE YOU A MEMBER OF: NAPSLO? AAMGA? OTHER? _____

C. PRINCIPALS & PERSONNEL

1. BREAKDOWN OF PRODUCER'S STAFF:
(list number)

	<u>Current Year</u>	<u>Prior Year</u>
PRINCIPALS/PARTNERS, OWNERS:	_____	_____
OFFICERS, MANAGERS:	_____	_____
BROKERS: (other than the above)	_____	_____
OTHER EMPLOYEES:	_____	_____
TOTAL STAFF:	_____	_____

2. PRINCIPALS/OFFICERS/BROKERS
 (List in order of % of ownership & attach resumes)

NAME	TITLE OR POSITION	YEAR STARTED WITH PRODUCER	YEAR STARTED WITH PRODUCER	% OF OWNERSHIP

D. OPERATIONS

1. DO YOU WRITE BUSINESS OUTSIDE OF DOMICILE? YES NO

IF YES, EXPLAIN: _____

LIST OF ALL BRANCH OFFICES: _____

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

_____ %RETAIL _____ %WHOLESALE _____ %MGA BINDING AUTHORITY

3. HOW IS YOUR ORGANIZATION LICENSED, i.e. EXCESS AND SURPLUS BROKER, REINSURANCE INTERMEDIARY, OR OTHER INSURANCE OR REINSURANCE ORGANIZATION?

4. LIST STATES WITH LICENSES:

STATE	LICENSE #	STATE	LICENSE #

- PLEASE ATTACH COPIES OF ALL YOUR LICENSES -

5. LIST BY STATE # OF AGENTS/BROKERS THAT SUBMIT BUSINESS TO YOU:

6. DO THE RETAIL AGENTS/BROKERS FOR WHOM YOU PLACE BUSINESS SIGN AN AGREEMENT AS RESPECTS THE SUBMISSION OF BUSINESS AND PAYMENT OF PREMIUM?

YES NO

IF YES, PLEASE ATTACHED A COPY OF THE AGREEMENT

E. PREMIUM VOLUME & DISTRIBUTION

1. YOUR TOTAL VOLUME FOR EACH OF THE LAST FIVE YEARS:

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2. TRANSPORTATION VOLUME:

	CURRENT YEAR	PRIOR YEAR
PRIMARY TRANSPORTATION		
EXCESS TRANSPORTATION		
TOTAL		

3. LIST MAJOR COMPANIES IN ORDER OF PREMIUM VOLUME:

NAME	YEARS	ANNUAL VOLUME	LOSS RATIO	BINDING AUTHORITY?

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 5 YEARS:

F. PRODUCTION TO GEMINI TRANSPORTATION UNDERWRITERS:

ANTICIPATED VOLUME TO COMPANY WILL COME FROM THE FOLLOWING SOURCES:

NEW BUSINESS	\$
TRANSFER FROM CURRENT COMPANY IN OFFICE	\$
TRANSFER FROM DISCONTINUED COMPANY	\$

BRIEFLY EXPLAIN: _____

G. FINANCIAL

1. IF NOT HANDLED BY MAIN OFFICE, PROVIDE ADDRESS:

NAME OF ACCOUNTING CONTACT: _____

2. BANK REFERENCE: _____

NAME: _____

TRUST ACCOUNT #: _____ OTHER: _____

NAME: _____

TRUST ACCOUNT #: _____ OTHER: _____

BANK ADDRESS: _____

BANK CONTACT: _____

- PLEASE ATTACH COPY OF LATEST FINANCIAL STATEMENT -

3. DO YOU MAINTAIN FIDELITY COVERAGE FOR ALL OFFICERS AND EMPLOYEES? YES NO

IF YES, PLEASE INDICATE THE FOLLOWING:

INSURANCE COMPANY: _____

LIMITS: _____ DEDUCTIBLE: _____

EXPIRATION DATE: _____

4. DO YOU MAINTAIN E & O COVERAGE? YES NO

IF YES, PLEASE INDICATE THE FOLLOWING:

INSURANCE COMPANY: _____

LIMITS: _____ DEDUCTIBLE: _____

EXPIRATION DATE: _____

5. 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: _____

6. IS THERE ANY PENDING OR THREATENED LITIGATION OR JUDGEMENTS WITHIN THE PAST 5 YEARS EXCEEDING \$10,000 AGAINST THE BROKER OF ANY OF THE PRINCIPALS? 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;

SIGNATURE
OF APPLICANT: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

BE SURE TO ATTACH COPIES OF:

- LICENSES
- FINANCIAL STATEMENT
- FIDELITY
- DEC PAGE
- E & O DEC PAGE

TO BE RETURNED TO:

NAME: _____

FIRM: _____

DATE: _____