



PROGRAM QUESTIONNAIRE

Agency: _____
Agency Contact: _____
Name of Program: _____
Phone: _____
Fax: _____
Date Submitted: _____

PREMIUM PROJECTION

Is this a new program or an existing program? New Existing

New Program

Describe how program will be marketed, number of potential insureds, projected market penetration. Attach copies of marketing materials, brochures, etc.

Show estimated premiums for the next 3 years.

Ultimate Premium Volume _____

Existing Program

Describe how program is marketed, number of current insureds, number of potential insureds. Attach copies of marketing materials, brochures, etc.

Show written premium for the past 3 years.

Show estimated premiums for the next 3 years.

Rollover premium _____

Ultimate Premium Volume _____

What is the 3 year loss ratio for the program including reserves? _____



COVERAGES REQUESTED

Are coverages requested different than the current coverages? Yes No
If yes, explain

Current Carrier _____

Attach currently dated and valued current carrier loss runs for all losses for the past 3 years including details of all claims over \$10,000 for the last 5 years.

Who are the major competitors for this type of risk? _____

Is there any catastrophic, pollution, offshore or other special exposures? Yes No

If yes, describe _____

What is the current pricing level as a percentage of ISO? _____

What pricing level is being requested? _____

List states in which program is written _____

Does program require an admitted market? _____

What commission level is being requested? _____

Attach copy of current program underwriting guide, pricing guide, forms and endorsements and eligibility requirements. Attach copy of current program rate, rule and form filings for admitted programs, if available.

Attach copies of any reports designed to monitor results for the current program (premiums, territory, type of losses, amounts of losses, amounts of reserves, etc).