



White Pine Insurance Company

FLOOD AGENCY QUESTIONNAIRE

Agency Name (Legal Business Name)		Agency DBA Name	
Mailing Address	City	State	Zip
Street Address	City	State	Zip
Telephone Number	Fax Number		
Agency Website	Office Manager		
<input type="checkbox"/> Social Security Number Or <input type="checkbox"/> Federal Tax ID Number:			
Agency is a:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Partnership <input type="checkbox"/> Other:			
How long has your agency been in business?	Changes in ownership – When?	Prior Name	
Location is:			
<input type="checkbox"/> Main Office or <input type="checkbox"/> Sub-Office for Agent #			
Name of Officers, Partners or Owners:			
Name	Title	Email	
Type and Version of Agency Management System			
Overall Premium Size of Agency	Distribution of Agency Business:		
\$	Personal: %	Commercial: %	
Flood Production Estimate for the next 12 months: \$ Or estimated number of policies:			



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Please list all of the companies you currently doing business with:		
Company Name	Written Premium	Number of Policies in Force
Would your agency be interested in rolling any existing flood business to WPIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Does the agency have any branch or sub offices? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please provide name(s) and address(es).
Does the agency want sub office(s) set up? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name	Contact Person
Address	
Telephone Number	Fax Number

List all agents that will be writing Flood with White Pine: (Attach a copy of license and Flood training certification for each agent)		
Agent Name	Email Address	License Number



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On a separate sheet, please explain any "YES" answers to the following questions.	Yes	No
1. Any other business (i.e., real estate, property management) conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any carrier terminated the agency in the past 3 years for production and/ or adverse loss ratio?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any judgments or suits pending against agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any license suspensions in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or any licensed agents in your office ever been convicted of a felony crime in any state or federal court?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any account current or unearned commission balances past due to any company?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the agency affiliated with a national or regional brokerage firm?	<input type="checkbox"/>	<input type="checkbox"/>

ERRORS & OMISSION INSURANCE

Please attach a copy of E & O policy Declaration Page that indicates limits of coverage, company, expiration date, and deductible.

Describe any claims:

REQUIRES SIGNATURES AND ATTACHMENTS

The representations and statements made above are true and accurate.

Signature

Title

Date

Completed W-9

Copy of Agency & Agent(s) Licenses

Copy of E & O Policy Declaration Page

Flood Training Certification