

RAINIER INSURANCE COMPANY®



Broker – Wholesaler Questionnaire

ALL FIELDS MUST BE COMPLETED TO BE CONSIDERED FOR APPOINTMENT

1	Legal Name of your business:			
2	Address: PO Box:		Zip Code:	
	Street:			
	City:	State:	Zip Code:	
3	Phone:	Fax:	Website:	
	Please use separate sheet for each additional location.			
4	Intermediary is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Intermediary is: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> GA			
5	Agency Contacts <i>(use additional sheet if necessary)</i>	Position	Email Address (required)	
6	Year Intermediary Established:		Federal ID # or SSN:	
7	States in which Intermediary is Licensed <i>(If approved, copies of these documents are required):</i>			
	Agency/Broker License #:		Expiration Date:	
	Surplus Lines License #:		Expiration Date:	
8	Is this Intermediary engaged in any other business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish details:			
9	Please list Top 3 Companies, Premium, and Loss Ratio within your Agency (MUST BE COMPLETED)			
	Company	Commercial Premium	Loss Ratio %	
			Current	1 YR
			3 YR	
10	Total Annual Premium Volume: \$			
	a. General Commercial	\$	%	Geographic Territory
	b. Personal Lines	\$	%	
	c. Other Specialties	\$	%	Number of Retail Agents
11	How did you hear about Rainier Insurance Company?			
12	Professional "E & O" Liability Coverage <i>(If approved, copy of this document is required, \$1,000,000 Minimum Required):</i>			
	Insurance Carrier	Policy #	Limits of Liability	Expiration
			\$	
13	Please list the classes of business you anticipate placing with Rainier Insurance Company			
	Class	Premium	Class	Premium
		\$		\$
		\$		\$
		\$		\$
14				
	Signature of Applicant		Title/Position	Date

Broker-Wholesaler Questionnaire

PROVIDE ALL INFORMATION KNOWN AT THE TIME THIS FORM IS COMPLETED.

BACKGROUND QUESTIONS

EXPLAIN ALL "YES" RESPONSES.

1. Have you filed for, or been discharged from any Bankruptcy (including Personal Bankruptcy), insolvency or assignment for the benefit of creditors with a filing or discharge date, whichever is later in the last five years?

Yes No

2. Do you have delinquent unpaid debts exceeding, in total \$10,000? (Total consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments, and other delinquent debt.)

Yes No

3. With the exception of situations specific to continuing education, have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action?

Yes No

4. With the exception of situations specific to continuing education, has your license ever been suspended by, subject to a consent order from, revoked by, or surrendered to, any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization, or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?

Yes No

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes No

6. Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?

Yes No

7. Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any of the previous questions?

Yes No

REMARKS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION HEREIN IS ACCURATE AND COMPLETE. I ACKNOWLEDGE AND AGREE THAT MY APPOINTMENT WILL, IN PART, BE BASED ON THIS AGENCY QUESTIONNAIRE FORM AND BACKGROUND INFORMATION, AND ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION FROM THIS FORM MAY RESULT IN THE WITHHOLDING OR WITHDRAWAL OF ANY OFFER OF APPOINTMENT OR THE REVOCATION OF APPOINTMENT BY THE RAINIER INSURANCE COMPANY WHENEVER DISCOVERED.

Print Name	Signature	Date