



**Managed Insurance Services Inc.
Broker Questionnaire**

General Information

Agency name: _____

Physical Address: _____

Phone #: _____ E-mail address: _____

Principal _____ name(s): _____

How much premium does your agency write in total? _____

**Please complete the following if you want access to Medical Professional Liability Programs
(some programs are pending):**

How much premium does your agency write in the following lines of Medical Professional
Liability business:

Physician _____ Dentists _____ Chiropractors _____ Podiatrist _____

Allied Health _____ Nurses _____ Physician Assts _____ CRNA _____

Dental Assistants _____ Dental Hygienists _____ Optometrists _____

Massage Therapists _____ Medi Spas _____ Acupuncturists _____

Other _____ (please describe)

Complete this section for Physician Medical Malpractice:

How many producers/agents do you have in your office? _____. How many specialize in
medical malpractice? _____

What commission rate are you paid by your other markets?



Do you work with: (Please provide percentage of your medical malpractice book)

Large groups- _____
Small groups- _____
Ind. Doctors- _____
Other - _____

Are there any specific types of physician specialties that you target?

What States are you licensed in?

What States are you currently writing in?

Please complete the following if you want access to Professional Liability Insurance Programs (some programs are pending):

How much premium does your agency write in the following lines of Professional Liability business:

CPA/Accountants _____ Attorneys _____ Architects/Engineers _____

Mortgage Bankers _____ Other _____ (please describe)

Please complete the following if you want access to Errors and Omissions Insurance Programs (some programs are pending):

How much premium does your agency write in the following lines of Errors & Omissions:

Travel Agent _____ Property Appraisers _____ Real Estate Agents _____

Staffing _____ Internet Technology _____ Insurance Agents _____

Other _____ (please describe)

Please complete the following if you want access to Business Owners Insurance Programs:

How much premium does your agency write in the following lines of Business Insurance:

General Liability _____ Business Owners Policy (BOP) _____

Workers Compensation _____ Umbrella _____

Other(s) _____ (please describe)



What other lines of insurance does your agency write? _____

Please list the markets you use by each line of insurance:

How many producers/agents do you have in your office? _____.

Please list the commission rates paid by each carrier and by line of business:

What States are you licensed in?

What States are you currently writing in?

Business History

When did you begin business? _____

Has the agency name ever changed? _____ If yes, to what?

Is your agency publicly traded? _____

Has your agency ever been acquired or merged with another agency or company? _____

What has been your growth over the last three (3) years? _____

Has your license or agency license ever been suspended or revoked by any Department of Insurance? _____

What are your limits of E&O coverage? _____



Marketing

Do you go to any conventions or trade shows? Yes No if yes, please list which ones _____

What trade publications do you receive? (please list – i.e Agent & Broker, National Underwriter, etc)

How do you market each line of business to your potential customers?

Do you advertise on the internet? If so, which search engines (i.e. google, yahoo, bing etc)

Website address: _____

Additional comments:

Please fax or email this completed questionnaire to:

954-428-1175 – att: Joseph Matteis

or

jmatteis@managedinsurance.com