



# HOSPITALITY

## Insurance Solutions

### Producer Questionnaire

All information supplied will be held in strictest confidence

**Organization's Name:**

**Who owns this organization?** Please indicate the names of owners with a greater than 25% interest.

Owner One:

Owner Two:

Owner Three:

Owner Four:

**The Company is a:**     Sole Proprietorship         Partnership         Corporation

**Year Formed:**

**State of Domicile:**

**States licensed as an insurance agent, broker, or surplus lines broker:** (include copies of licenses)

**Fidelity coverage on all owners, officers, partners, and employees?**     Yes         No

**Limits, carrier, and expiration date of your agency's errors and omissions liability coverage**  
(enclose a copy of policy dec page or certificate).

**Limits:**

**Expiration Date:**

**Carrier:**

**Financial Statements prepared on what basis:**

Compilation

Review

Audit

