

**GREATER MIDSTATES INSURANCE AGENCY
PRELIMINARY INFORMATION QUESTIONNAIRE**

Phone: 309-924-1717 FAX: 309-924-1350

SUMMARY OF EXISTING MAJOR CARRIERS

Name of Company	How long Under Contract	Approx. Volume	Loss Ratio
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approximate agency P&C Volume (Total) _____

Approximate % breakdown: Commercial _____ Personal _____

List of Carriers withdrawing from agency past 2 years _____

Life Health, Annuity companies represented: _____

Licensed in: _____ IL _____ IN _____ IA _____ KY _____ MO _____ ARK _____

Special needs (specify) _____

Name of E&O Carrier: _____

Limit of Protection per Claim: _____ Aggregate: _____

Reason for contacting Greater Midstates Agency: _____

I understand a consumer report and a MVR will be secured and herein grant permission for such. I also realize additional information may be required and I agree to furnish such information on a timely basis.

Applicant _____

Date _____

SUMMARY OF EXISTING MGA'S UTILIZED

Name of MGA Accounts	Approximate Annual Premium	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of licensed producers in agency _____

Agency is: _____ Sole Proprietor _____ Corp _____ Partnership _____ LLC

Agency Tax Number: _____

Agency Name: _____

Agency Mailing Address: _____

Agency Physical Address: _____

Office Phone Number: _____ Office Fax Number: _____

E-mail Address: _____

Name of Agency Principal: _____

Home Address of Agency Principal: _____

Home Phone Number: _____ Web Site: _____

Social Security Number _____ Date of Birth: _____

I realize a Personal Financial Report may be secured: _____ (Yes)

Signature: _____ Date: _____

Fax to: 309-924-1350, mail to: PO Box 86, Stronghurst, IL. 61480, or email to: gmia@mchsi.com

Additional Space for Listing Existing Major Carriers

Name of Company	How Long Under Contract	Approx. Volume	Loss Ratio
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Space for Listing Existing Brokerage Firms Utilized

Name of MGA	Approx. Annual Volume	Type Accounts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Space for Additional Comments
