

Prospective Agency Questionnaire

Agency Name: _____ Phone: () _____

Mailing Address: _____ Fax: () _____

Street Address (if different): _____ E-mail: _____
City County State Zip

If you have additional branch offices, how many: _____ Regular Business Hours: _____

Sole Proprietor Partnership Corporation Tax ID or SSN: _____

Year agency established: _____ Year purchased by current ownership (if applicable): _____

E & O Carrier: _____ Limits: _____ Policy #: _____ Expiration: _____

Principles	Title	Yrs Exp	DOB	SSN	Residence Address
------------	-------	---------	-----	-----	-------------------

Commercial Lines Staff :

C/L Manager: _____

Underwriting/ CSR: _____

Agent/Producers: _____

Other: _____

Systems Information

- Please Check All That Apply:
- Using Agency Management System / Name of Company _____
 - Internet Access / Name of Provider _____ Modem Speed _____ System, Printer Type _____
 - Web site / Address _____
 - No current Internet access, plan to have access by (date) _____
 - Are you using the Internet for day to day business? If yes, explain _____

Additional information: _____

**NEW MEXICO
MUTUAL**

COVERAGE @ WORK™

Commercial Lines Company Representation (top 4)	# Of Years Represented	Loss Ratio 1Yr.	Loss Ratio 3 Yr.
--	-----------------------------------	----------------------------	-----------------------------

Average annual volume \$ _____ C/L _____ % WC _____ %

Average number of new business workers' comp policies per month: _____

Have you ever been cancelled by a company? _____ If yes, give details _____

Details of any restrictions in place by companies: _____

List companies you have claim draft authority with: _____

Primary sources of new C/L business (I.E. Referrals, Direct Mail, Advertising, Telemarketing, etc.)

List techniques used to cross-sell your book: _____

Describe the agency's target risk: _____

If you are considering any consolidations, which companies: _____

Reason for consolidation: _____

Details of past / or future planned agency acquisitions: _____

What plans are in place for agency continuation? _____

Remarks: _____

**NEW MEXICO
MUTUAL**

COVERAGE @ WORK™

The following items must be submitted with this questionnaire:

- ✓ **Certificate of Insurance for proof of E & O Coverage showing New Mexico Mutual as Certificate Holder**
- ✓ **Copy of producer licenses and agency license if corporation (New Mexico Agent License or Non-resident NM agent license)**

Signed _____ **Date** _____
(Agency Principle)

Print Name _____ **Title** _____

New Mexico Mutual

3900 Singer Blvd. NE
Albuquerque, NM 87109
(505) 345-7260
(800) 788-8851
Fax (505) 348-9831
www.newmexicomutal.com