



ProgramConnect® Producer Questionnaire

Please email your completed questionnaire to your Regional Marketing Manager
or forward to sbinfo@aig.com

Date of Request: _____

BASIC AGENCY INFORMATION SECTION

Name of Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Broker FEIN: _____

Requestor's Name, Phone & Email: _____

Principals Name, Phone & Email: _____

Marketing Manager's Name, Phone & Email: _____

System Agency Admin's Name, Phone & Email: **(this is the person you would want to handle the training & set up for Program Connect):** _____

Are you an appointed agent? Yes No

If you answer "yes", please provide your producer code: _____

**Please provide copies of Agency Licenses for all States in which you wish to do business*

Do you have a Surplus Lines License? Yes No

If you answer "yes", please provide the name for which it is issued: _____

**Please provide copies of Agency SURPLUS LINES Licenses for all States in which you are able to file Surplus Lines Taxes*

Is your agency a wholesaler or retailer? Retailer Wholesaler (select only one)

Please indicate your agency size in terms of total premium volume:

0-5 Million _____ 25- 50 Million _____

5-25 Million _____ 50 Million + _____

How many years has your operation been in business? _____

FUTURE PROGRAM/PRODUCT DEVELOPMENT SECTION

Does your agency specialize in Class or Line of business? Yes No

Do you have an existing "program" relationship on this business? Yes No

Would you be interested in rounding out or reviewing this program? Yes No

Do you have a book(s) of business within your agency which are homogeneous or represent a specific market segment and account for \$250,000 in premium for which you would be interested in developing a product or program? Yes No

Please list or name these classes/programs and contact your SSG Regional Marketing Manager.

INTERNAL USE ONLY

Add Producer to ProgramConnect: Yes No

Give Producer User Passwords: Yes No

Give Producer Administrator Password: Yes No

Add Producer to Launch List: Yes No

Code Producer Premium to RMM Branch _____



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Please note the agencies estimated existing premium volume by program below:

	\$0- \$50K	\$50K- \$250K	\$250K- \$500K	\$500K- \$1,000,000	\$1,000,000 +
Architects & Engineers E&O:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Auto:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction					
Alarm & Telecommunication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Related					
Private Schools (K-12):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges & Universities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charter Schools:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check this box <input type="checkbox"/> , and note all premium in Private Schools if breakdown unavailable					
Errors & Omissions – Professional Liability					
Home Inspectors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology E&O:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Agents/Tour Operators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Classes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check this box <input type="checkbox"/> , and note all premium in Miscellaneous if breakdown unavailable					
Health Care Related					
Misc. Facilities (under 50K):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Healthcare:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check this box <input type="checkbox"/> , and note all premium in All Other if breakdown unavailable					
Human Services					
Adoption & Foster Care Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Facilities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Human Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check this box <input type="checkbox"/> , and note all premium in All Other if breakdown unavailable					
Property (mono-line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports & Recreation					
Amateur Sports (Team/Leagues):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Sports (Recreational & Fitness Centers):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check this box <input type="checkbox"/> , and note all premium in All Other if breakdown unavailable					

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THANKS!!!