



SERVICE PARTNER QUESTIONNAIRE

| | | | |
|----------------------------|----------------------|--------------------------|--|
| Name: | <input type="text"/> | | |
| Street: | <input type="text"/> | | |
| Postal Code: | <input type="text"/> | Town/City: | <input type="text"/> |
| Country: | <input type="text"/> | State: | <input type="text"/> |
| Telephone: | <input type="text"/> | Operating as: | Broker <input type="checkbox"/> |
| Fax: | <input type="text"/> | | Multi-Agent <input type="checkbox"/> |
| E-Mail: | <input type="text"/> | | Agent <input type="checkbox"/> |
| Website: | <input type="text"/> | Other | <input type="text"/> |
| Owned by: | <input type="text"/> | Company Head office | <input type="checkbox"/> |
| Majority by: | <input type="text"/> | Company branch office | <input type="checkbox"/> |
| Contact: | <input type="text"/> | Position: | <input type="text"/> |
| Number of Employees: | <input type="text"/> | Languages spoken: | English <input type="checkbox"/> German <input type="checkbox"/> |
| | | | French <input type="checkbox"/> Spanish <input type="checkbox"/> |
| Number of branches: | <input type="text"/> | Others | <input type="text"/> |
| Located in (Town/City): | <input type="text"/> | | |
| Company founded in: | <input type="text"/> | Main client targets: | Industrial companies <input type="checkbox"/> |
| Annual premium (i.l.c.) | <input type="text"/> | 000 Commercial companies | <input type="checkbox"/> |
| Annual brokerage (i.l.c.) | <input type="text"/> | 000 Sales companies | <input type="checkbox"/> |
| Annual commission (i.l.c.) | <input type="text"/> | 000 Private individuals | <input type="checkbox"/> |

Main activity:

International

Retail

Wholesale

Re-insurance

Main classes of insurance business:

Property/Business Interruption

Casualty

Hull/Cargo

Personal Lines

Main insurers /markets:

Client references:

Foreign clients in (countries):

Reverse Flow business from (broker):

Member of WW Broker network:

ASSUREX IBA WBN WING

GLOBEX AESIS EURIBRON Other

Professional Indemnity Cover:

No Yes Limit insured

Usual sharing of commission:

Program 65/35 60/40 50/50

Non-Program 70/30 65/35 60/40

Standard Software:

MS-Office Version

Lotus Smart Suites Version

Smart Office Version

Other Office Programs

Date issued:

Completed by: