



CATALYTIC RISK MANAGERS & INSURANCE AGENCY  
PRODUCER APPOINTMENT QUESTIONNAIRE

Thank you for considering a business relationship with Catalytic Risk Managers & insurance Agency, LLC. Please complete this appointment questionnaire and return it to Catalytic Risk Managers & insurance Agency, LLC by e-mail, mail or fax:

Mail: Catalytic Risk Managers & Insurance Agency, LLC.  
350 10<sup>th</sup> Avenue, Suite 1450  
San Diego, CA 92101

Fax: (619) 593-2176

E-Mail: [property@catalyticrisk.com](mailto:property@catalyticrisk.com)

If you have any questions, please do not hesitate to contact [Diane Flora](mailto:DFlora@catalyticrisk.com) via telephone at (619) 333-2517, or via email to [DFlora@catalyticrisk.com](mailto:DFlora@catalyticrisk.com).

*Note: Incomplete applications may not be considered for appointment.*

**Section I.**

General Information

E-mail Address:	
Website Address:	
Legal Agency Name:	
DBA: (Name Approved by DOI)	
Name as Shown on License:	
License Type:	
CA Agency License #:	
Expiration:	
Individual SSN:	
Federal Tax ID #:	

CHICAGO  
1560 Sherman Ave., Ste. 1350  
Evanston, IL 60201-4899  
00+1 (847) 864-9999  
CA License No. 0I67798

LOS ANGELES  
2381 Rosecrans Ave., Ste. 330  
El Segundo, CA 90245-4917  
00+1 (424) 236-4300  
CA License No. 0I67798

SAN DIEGO  
350 10th Avenue Ste. 1450  
San Diego, CA 92101  
00+1 (619) 659-7166  
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Non-Resident Licensing:

Please list any Non-Resident Licenses:

Table with 3 columns: NAME, STATE, LICENSE #

Agency Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Number of office locations: \_\_\_\_\_
(Please attach a list of all offices with address, phone, fax, license information, and name of contact in each office).

Where do you want mail sent? [ ] Main Office / [ ] Branch Offices (Please check applicable Box)

Section II.

Agency Details

Agency is a: [ ] Partnership [ ] Sole Proprietorship [ ] Corp. [ ] Other (explain) \_\_\_\_\_

Date Agency Established: \_\_\_\_\_
(If agency less than two (2) years old, please attach resume of owners.)

Federal Tax ID (FEIN) or Soc. Sec. No.: \_\_\_\_\_
(Please also attach completed W-9 form.)

Do you use an Agency Automation System? Yes [ ] No [ ]

If yes, which one? \_\_\_\_\_

Comparative Rating Vendor(s) Used: \_\_\_\_\_

Banking

Bank Name: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Operating Acct #: \_\_\_\_\_ Trust Acct. #: \_\_\_\_\_ Other: \_\_\_\_\_

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### Error & Omissions

Coverage is **required** for appointment – Please attach a copy of the current declaration page.

E&O Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you or has anyone in your agency been sued concerning any insurance related activities?

Yes  No

Have you, your employees, or your agency ever been disciplined by a state DOI?

Yes  No

*If yes, to either of the previous two questions, please attach complete explanation.*

## Section III.

### Ownership and Management

Please list all persons having an **Ownership** Interest in Agency:  
(Attach additional sheet, if necessary)

#### Agency Owners:

Name	%	Home Address	City	State	Zip	SS #

#### Key Team Members and Personnel:

Name	Title/Position	Licensed ?	License #
		Y <input type="checkbox"/> / N <input type="checkbox"/>	
		Y <input type="checkbox"/> / N <input type="checkbox"/>	
		Y <input type="checkbox"/> / N <input type="checkbox"/>	
		Y <input type="checkbox"/> / N <input type="checkbox"/>	

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## Section IV.

### Agency Information

1. What mix of property business do you currently write?
2. Who are your current top 5 property carriers?
3. What is your current annual gross written property premium?
4. Estimated annual submissions to Catalytic
5. Estimated annual gross written premium with Catalytic

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**Carriers/General Agencies and Surplus Lines Brokers you place a majority of business with:**  
(Top three in order of premium volume. Please provide numbers for the most recent underwriting year)

COMPANY	LINE OF BUSINESS	ANNUAL VOLUME	ITD LOSS RATIO	DATE APPOINTED

*If available, please attach current production/loss reports for prior year for one or more carriers.*

Has your agency lost any company appointments in the past 12 months? If yes, please explain.

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## Section V.

### Representations & Warranties

I represent and warrant that the statements made in this application are true to the best of my knowledge, information and belief and that I am fully authorized to sign this application on behalf of:

Print Agency  
Name: \_\_\_\_\_

By (Signature): \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Check List - Please attach copies to  
your application:

1. Individual Broker's License(s)
2. Agency License
3. Fictitious Name Letter (DBA Letter)
4. E & O Dec Page
5. Loss reports from current markets
6. Broker's Bond (if applicable)
7. Business Card

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