



Our Organizations:
 Alliance of Nonprofits for Insurance, RRG (ANI)
 Nonprofits Insurance Alliance of California (NIAC)
 National Alliance of Nonprofits for Insurance (NANI)
 Alliance Member Services (AMS)

Broker Appointment Questionnaire / Requirements

Producer's Business Name: _____
 Affiliate Agency Name: _____
 Name of Primary Nonprofit Producer: _____
 Email Address: _____ Phone: _____
 Mailing Address: _____

All questions below must be completed prior to appointment.

1. Do you specialize in nonprofits? Yes No

2. What is the number of 501(c)(3) nonprofit accounts—excluding churches and hospitals—that your agency currently represents? _____

3. What lines of coverage do you currently provide your nonprofit clients?

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Property	<input type="checkbox"/> Improper Sexual Conduct
<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Social Service Professional
<input type="checkbox"/> Directors and Officers	<input type="checkbox"/> Participant/Volunteer Accident
<input type="checkbox"/> Employment Practices	

4. What markets do you currently use?

 Do any of the markets listed above have a program with special pricing and forms specifically for nonprofits? Yes No

5. What premium size nonprofits are you willing to work with?
 - All size nonprofits
 - Small minimum premium accounts to medium sized accounts
 - Only accounts generating more than \$_____ in premium

6. Please specify the types of risk management services you provide your clients.

7. Which agency management system does your agency use?
 Verifafore AMS360 Other _____

8. Are you currently setup in IVANS Exchange? Yes No
 - a. If yes, what is your IVANS Exchange account number (ie Y1234)
 - b. What mailbox are you currently using in IVANS Exchange?

9. Has a license ever been revoked? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
10. Has your agency received any disciplinary action by the DOI? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Are you aware of any pending disciplinary action by DOI? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
12. Any pending/threatened litigation in past 5 years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
13. Any circumstances that may reasonably give rise to a claim? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
14. Has agency been cancelled by any insurer in the last 5 years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Appointment Requirements

- 1. ALL producers and CSRs in your agency who will work on accounts written with our company will be required to attend and/or listen to our recording of our one-hour Broker/CSR webinar for training purposes within 90 days of appointment. Agree
- 2. We have the opportunity to quote all of your current 501(c)(3) nonprofit clients that fit our program. Agree
- 3. Commission will be paid through Electronic Funds Transfer (EFT). The broker Administrator is required to update the agency's financial information upon appointment. Agree
- 4. We transact our business electronically, and all policies, quotes, endorsements, and billing statements are delivered via our secure broker website. You agree to this web-based product distribution. We have the opportunity to quote all of your current 501(c)(3) nonprofit clients that fit our program. Agree

Comments:

Your Agency

15. What states does the agency hold valid licenses?

- | | | | | |
|---|---|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Missouri | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> Wisconsin | | |

Signature: _____ Date: _____

Name: _____ Title: _____

Please submit this questionnaire to brokerservices@insuranceforprofits.org.
If appointment is approved additional documents will be sent to you for completion.