

Business Partner Questionnaire



I. Profile

A. Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

B. Structure Corporation Partnership Individual Public Ownership Private Ownership

C. Business Type: Retail Broker Wholesaler MGA Other

D. State Incorporated: _____ Year Incorporated/Began Business: _____ SS/Tax ID No.: _____

II. Organization

Principals	Title	Percentage Ownership (Private ownership only)	Years With Firm	Years Experience

A. Are you engaged in, owned by, associated with, affiliated or controlled by any other business interest? Yes No
 If yes, explain: _____

B. Are the firm's operating funds commingled with trust funds? Yes No

C. Do you have Errors & Omissions insurance? Yes No N/A If yes, please provide the following information:
 Carrier: _____ Policy Number: _____ Limit: _____ Deductible: _____

D. Please answer the following questions to the best of your knowledge and belief.
 Has your firm or principals:

1. Been subject to any business suits, judgments, or liens in the past 10 years? Yes No
2. Been or now under any investigation by any Insurance Department? Yes No
3. Been refused an insurance license by any state? Yes No
4. Had an insurance license suspended or revoked, or been named in an administrative proceeding in any regulatory body? Yes No
5. Had appointment terminated by a Company for cause? Yes No

Please explain fully any "yes" answers: _____

E. References:

Name	Title	Company	Address	Phone

III. Supplemental Information

Please refer to the Document Check List (if attached) for supplemental information to be provided.

IV. Acknowledgment

The above information is true and complete to the best of my knowledge and belief. Enclosed is a copy of our Property & Casualty Insurance license(s) and our Errors and Omissions policy.

 Signature Print Name Title Date

FOR WNC INTERNAL USE ONLY

Producer #: _____ Marketing Group _____ WNC Product Manager _____ WNC Rep: _____ Agreement Effective Date: _____	Agreement Contact Person: _____ Title: _____ Phone No.: _____ E-mail: _____ Mailing Address: _____
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Financial Institution Product	New/Renewal		Commission Rate	Premium Payment Type		Account Current	Direct Bill
	<input type="checkbox"/>	<input type="checkbox"/>		Cash w/ App-Gross	Cash w/ App-Net		
Mortgage Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Flood	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Flood Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Fire	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Auto GAP	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Lender Placed Flood	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Lender Placed Fire	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Lender Placed Wind	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
CPI	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
LSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Agency Products	New/Renewal		Commission Rate	Premium Payment Type		Account Current	Direct Bill
	<input type="checkbox"/>	<input type="checkbox"/>		Cash w/ App-Gross	Cash w/ App-Net		
Commercial Property/Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Excess Flood	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
PFIP	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Non-Participating Flood	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Cobra	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Investor	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Lender Coverage Options - Premiums in Addition to Physical Damage Coverage Premiums

Instrument Non-Filing Yes No

Mechanics Lien Coverage – Limit: _____

Repossession Expense Coverage – Limit: _____

Repossession Storage Coverage – Limit: _____

Repossessed Collateral Yes No

Skip Coverage Yes No

Confiscation Coverage Yes No

Outsourced Tracking Only - Supplemental Information

- 1) Do you provide a Data File to your current Tracking Vendor? _____
- 2) Do you provide one loan file or multiple loans files? _____
- 3) Do you have multiple Service Providers for the portfolio segments you track? _____
- 4) In your Loan Files, can you provide the following information:
 - a) Can you include a complete Year, Make Model and Vin in separate fields? _____
 - b) Can you include co-borrower for each collateral record? _____
 - c) If you have multiple collaterals on a loan, can your file contain a separate record with its corresponding fields for each collateral? _____