**Park City Municipal Corporation**

**INSURANCE BROKER QUESTIONNAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **INFORMATION ON THE FIRM** | | |  |
|  | Name of Firm: | | |  |
|  | Branch Office: Address: | National Office: Address: | |  |
|  | List Prior Names of Business if changes have been made: | | |  |
|  | Telephone Number of Office: Branch:  National: | FAX Number:  Branch: National: |  |  |
|  | Number of Years In Business:  Branch: National: | |

Provide a brief history of your **firm,** and your firm's overall capabilities. Elaborate on experience with public entities:

|  |  |  |
| --- | --- | --- |
| **PERSONNEL INFORMATION** | |  |
| Provide the names, professional qualifications and educational background of the Account  Executives and key support personnel who would be responsible for our account: | |  |
| ' | |  |
| Branch | National |  |
| Total Personnel:  Branch/ National | Licensed Brokers:  Branch National |  |
| Claims Administration:  Branch /National | Safety/Loss Control Personnel:  Branch/ National |  |
| Licensed Insurance Consultants:  Branch /National | Licensed Excess & Surplus Lines Broker:  Branch /National |  |
|  |  |  |
| **AGENCY PERSONNEL INFORMATION** . | |  |

**AGENCY PERSONNEL INFORMATION**

List principals in firm and denote those who would work with Park City Municipal Corporation. Please attach curriculum vitae for all personnel who would be assigned to this account.

List the number of clerical/support staff in service office.

Describe the claims process as it relates to your firm.

**INSURANCE COMPANY INFORMATION**

Commercial Property/Casualty (list your top 5 companies by premium volume written and indicate the dollars of premium written):

Branch /National

What is your Annual P remium Volume by Coverage Area?

I Branch I National

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Property/Boiler/Machinery .................................................... General Liability ................................................................ Auto Liability ........................................................................ Public Officials/EXO .......................................................... Crime ................................................................................ Workers Compensation........................................................  Professional Liability ............................................................ |  |  |  |
|  | List other key markets your firm uses: | | |  |
|  |  | | | |

**PUBLIC ENTITY REFERENCES**

List two references:

**1. Entity/Company: Coverage/Service:**

**Contact (Name & Tel. No.):**

**2. Entity/Company: Coverage/Service:**

**Contact (Name & Tel. No.):**

**OTHER REFERENCES**

**1. Entity/Company: Coverage/Service:**

**Contact (Name & Tel. No.):**

**2. Entity/Company: Coverage/Service:**

**Contact (Name & Tel. No.):**

**SERVICES**

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What kinds of insurance services can you provide Park City Municipal Corporation?

Attach an audited financial statement or other indicators of financial strength.

Signed: Title: Date:

This questionnaire must be submitted with a complete written proposal.