

Sub-Producer Questionnaire

Thank you for your interest in working with DHIA! To allow us to determine if your agency qualifies to be appointed as a sub-producer, we require some additional information. Please fully complete this form and return to vicki@dhia.com. Completion of this questionnaire does not guarantee acceptance by DHIA.

Agend	cy Name								
Mailin	g Address	City		State		Zip			
Contact Name			Phone Fax		Fax				
Email				Website					
BAC	KGROUND:								
1.	Year agency established								
2.	Business Structure	C Corp	S Corp	Partnership	LLC	Individual	Other		
3.	FEIN	_							
4.	Does your agency handle Please be aware that who	Yes ble.	No						
5.	LPL Premium Volume LPL Policy		Count	Years of LPL Experience					
6.	Please list the total numb	Principals/Partners/Owners Licensed Producers		Officers/Managers Employees					
7.	Provide current errors & omissions coverage (agencies without current coverage are ineligible for appointment):								
	Insurance Company				Expiration Date				
	Limit				Deductible				
8.	Has any agency member been disciplined by a state insurance department or other regulatory authority?						Yes	No	
	If yes, provide details:								

By checking the Electronic Signature and Acceptance box below, you certify that the answers provided are true, complete and accurate with no misrepresentations, omissions or other concealment of fact. You hereby consent and agree that this constitutes your signature, acceptance, and agreement as if actually signed by you in writing.

Electronic Signature and Acceptance