

Producer Questionnaire

Name of Agency

Address

Telephone Number _____ Fax Number

Have you ever operated under a different name? Yes ___ No ___

If yes, what name?

Principals/Licensed Agents

E-Mail

License Number

Office Manager _____

E-Mail

Accounting Mgr. _____

E-Mail

Claims Admin. _____

E-Mail

Approximate Amount of Annual Health Club Premium

Bank References

Tax I.D. Number

Please attach copies of all current Broker/Agent/Producer licenses in all states where you wish to place business with Association Insurance Group along with a copy of your current E&O policy.

March 21, 2005

RE: Producer agreement.

Your business is of great value to AIGI and we look forward to continuing our relationship with your agency.

Due to recent legislative changes, as well as requirements of both our E&O carrier and the carriers with which we place your business, we are sending you herewith a new producer agreement and questionnaire for completion. Kindly sign and return both copies of the agreement. Once this is received, we will sign and return a copy of the agreement for your records.

We also require evidence of E&O insurance and copies of licenses in all states where you wish to place business with AIGI. Also, if you have more than one office and wish to have them included in one master agreement, please attach a listing of offices.

If you have any questions, please do not hesitate to contact us. All paperwork should be returned to the undersigned within 30 days of the date of this letter.

Very truly yours,

Victoria L. Slusher, Vice President