

PRODUCER QUESTIONNAIRE

(All information must be provided to ensure consideration and shall be kept strictly confidential)

Date:

GENERAL INFORMATION:

Entity Name:

Mailing Address:

Number/Street or PO Box:

City: State: Zip Code + 4:

Phone: Fax: Web Address:

Location Address (if different from above):

Number/Street:

City: State: Zip Code + 4:

Business Structure: Corporation Partnership Individual LLC Year Established:

* If other, please describe:

For Previous Full Year: Total Written Premium: \$ Total Financed Premium: \$

Mix of Business: % Commercial Lines: % % Personal Lines: %

Premium Finance Companies Used:

Tax ID : (complete and return enclosed Form W-9) FEIN OR SSN

Does the applicant carry Errors & Omissions insurance? Yes * No ** Expiration Date: (MM/DD/YYYY)

Carrier Name: Limits: Prem: Deductible:

* Please attach copy of the E&O declarations page.

** If No, please explain:

| Contact Information: | Name AND Title | Phone | Extension | E-Mail |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| Principal: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Finance Business Contact: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Accounting: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

MARKETING PROFILE:

Total anticipated annual financed premium volume with Superior:

Is applicant owned by, associated or affiliated with, or controlled by any other business interest? Yes No

If Yes, please provide details (attach additional pages if necessary):

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In the past 5 years has applicant changed its name, merged with, acquired or been acquired by another firm? Yes No

If Yes, please provide details (attach additional pages if necessary):

Top 3 Insurance Carriers:

Direct Appointment:

Yes No
 Yes No
 Yes No

OFFICE PROFILE:

Principals:

| Name | Position / Title | % Ownership | Yrs. in Insurance | Licensed Y/N | Professional Designations |
|----------------------|----------------------|------------------------|----------------------|--|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

Has anyone employed by applicant ever been convicted of a felony? Yes No

If Yes, please explain (attach additional pages if necessary):

Has any principal ever declared bankruptcy? Yes No

If Yes, please explain (attach additional pages if necessary):

Has any principal, officer, or licensed producer ever been subject of an investigation or disciplinary action by any regulatory agency? Yes No

If Yes, please explain (attach additional pages if necessary):

AGENCY MANAGEMENT SYSTEM: **RATING SYSTEM:**

AGENCY IT CONTACT:

LICENSING:

Please provide the following information for the entity and attach copies of applicable entity licenses.

ENTITY:

| Name Under Which Entity is Licensed | Licensed State (select from list) | License Expiration Date MM/DD/YYYY | Type (Broker, Agent, Producer) | License Number |
|-------------------------------------|-----------------------------------|------------------------------------|--------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Attach additional page if needed and provide copies of licenses.

Please indicate the states you wish to transact business in with Superior:

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Disclosure (Print document and sign to submit):

This is an application for authorization to act as a broker on behalf of Superior Payment Plan, LLC. This is not a contract. The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentations, omissions, or any other concealment of fact.

As a New York licensed insurance premium finance company, the Department of Financial Services requires us to obtain an acknowledgement of your responsibility to comply with Executive Law Section 296-a related to unlawful discriminatory practices in relation to credit. This acknowledgement is required to achieve a relationship with Superior Payment Plan, LLC.

Fair Lending Agreement:

As part of our premium financing relationship with Superior Payment Plan, LLC, by checking this box, we acknowledge our responsibility to comply with Section 296-a of the Executive Law (New York State fair lending statute).

Signatures are required by all Principals:

| | | |
|------------------|-------------------------------|-------------|
| _____ | _____ | _____ |
| Signature | Printed Name of Signor | Date |
| _____ | _____ | _____ |
| Signature | Printed Name of Signor | Date |
| _____ | _____ | _____ |
| Signature | Printed Name of Signor | Date |

Office Use Only - Approval:

| | |
|------------------|-------------|
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| Signature | Date |

| |
|--|
| Code Assignment: _____ |
| Effective Date: _____ |
| Producer Log-In Information: _____ |
| Comments: _____ _____ _____ |

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1. Complete entire Producer Questionnaire and return with additional documentation to the address below:
2. Required paperwork includes, but is not limited to:
 - a). Completed Form W-9: Link here for form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - b). If operating under an assumed name (i.e., tba or dba), a copy of the Assumed Name Certificate from home state and copy of Department of Insurance registration of assumed name in states where applicable.
 - c). Copy of current Errors & Omissions Declaration Page
 - d). Copies of all entity license(s)
3. You will be contacted should any additional paperwork be required.

If you have any questions regarding this process, please contact:

Phillip A. Rapini
Superior Payment Plan, LLC
6450 Transit Rd.
Depew, NY 14043
Ph: 716-206-8288, Ext. 281
Fx: 716-206-8237
E-Mail: phil@superiorpayment.com