

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2391 • Overland Park, KS 66201-1391
913-676-6200

Crop Insurance Supplemental Questionnaire

Agency Name:

1. Identify number of accounts and premiums written for each type of crop insurance indicated below:

	<u>Premium Volume</u>	<u>Number of Accounts</u>
Crop Hail	_____	_____
Multi-Peril Crop	_____	_____

2. Provide the following information for the top 3 carriers used for crop insurance placement.

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

- 3. Does the agency have any binding authority for crop insurance related accounts? Yes No
- 4. Does the agency provide the policyholder with a copy of the application at the sales closing date?..... Yes No
- 5. Does the agency have a written and audited procedure to deliver policy confirmation (issued policy) and schedule of insurance to the insured? Yes No
- 6. Does the agency accept brokered crop business? Yes No
- 7. Does the agency place crop business through a broker? Yes No

If Yes, please provide the following for the top 3 brokers used for crop insurance placement:

<u>Broker</u>	<u>E&O Certificate of Insurance Obtained from broker?</u>	<u>Premium Volume</u>	<u>Years of Crop Insurance Experience</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

8. List agency staff who handle crop accounts along with experience.

Name	Annual Training?	Yrs. of Crop Ins. Experience	Position In Agency	Insurance Licensed Held?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
 (Please Print)