

Westport Insurance Corporation

CROP INSURANCE QUESTIONNAIRE

Agency Name: _____

Policy Number: _____

1. Please list below the premium volume and number of accounts for each type of crop insurance indicated below:

	Premium Volume	Number of Accounts	
Crop Hail			
Multi Peril			
Named Peril			

2. Please list your top 3 crop insurance carriers and answer the questions below:

	Carrier	Direct Access?	Premium Volume	Years Represented
1		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Does your agency have binding authority for each of the following:

- a. MPCl Yes No
- b. Crop Hail Yes No
- c. Named Peril Yes No

4. Please list agency staff who handle crop accounts and their experience:

Name	Annual Training?	Years of Crop Experience	Position in Agency
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR

5. Does your agency allow insureds to sign blank applications/acreage reports? Yes No

- 6. Does your agency provide the policy holder with a copy of the signed application at the sales closing date? Yes No
- 7. Does your agency have a written and audited procedure to deliver the issued policy and schedule of insurance to the insured? Yes No
- 8. Does your agency maintain copies of the Actual Production History (APH) for all crop clients? Yes No
- 9. What percentage of your crop book is based on map-based acreage reporting? _____%
- 10. Does your agency write crop business on a part-time basis? Yes No

If yes, please explain:

- 11. Is your agency an MGA for the Federal Crop Program? Yes No
- 12. Does your agency place business through a broker or servicing agency? Yes No

If yes, do you obtain a certificate of their E&O insurance annually? N/A Yes No

	Broker or Servicing Agency	Premium Volume	Years of Crop Ins Experience
1			
2			
3			

- 13. Does your agency act as a servicing agency for another crop agency? Yes No

If yes, submit a copy of your contract.

- 14. How many years of experience do your crop producers have in verifying RMA FCI-33 maps for High-Risk Land, Unrated Land, and T-Yield, etc., map areas? _____

N/A

- 15. Does your agency write crop business that is located on RMA FCI-33 map areas? Yes No

If yes, please describe your experience, procedures, etc.

Signature: _____

Date: ____ / ____ / ____

Name: _____
(Please Print)

Title: _____