

Producer Questionnaire

Please answer all questions completely and return by
Email : marketing @greshaminc.com or
Fax: (770) 389-1650



Agency Name _____
Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Website _____ Years in business _____ # Employees _____

We are a Single Location _____ Multi Locations _____ If so how many? _____
Agency Premium Volume _____ Commercial % _____
E&S Premium Volume _____ Number of Producers _____
Agency Specialties _____

What wholesalers do you use now? _____

List E&O Policy Limits _____ Deductibles _____
Carrier _____ X-date _____

Please list 2 carriers you are currently contracted with:
Carrier _____ City _____ State _____
Carrier _____ City _____ State _____

How did you find out about Gresham & Associates? _____

Would you like to receive email information from Gresham & Associates about the products and services we offer? Yes _____ No _____
Marketing contact _____ Email _____

Have you seen a Gresham & Associates ad in any of the following?
Insurance Journal _____ Florida Underwriters _____ Program Business _____
My New Markets _____ Email _____ Trade Show _____ Target Markets _____
Website _____ Other _____ If so, please explain _____

Completed by _____ Email _____