

PREMIUM FINANCING QUESTIONNAIRE

1. Name of Premium Financing Entity: _____
2. Who owns this entity? _____
3. Date established? _____
4. Will premium financing through this entity be offered to your agency clients only or will non-agency clients have access as well?
5. Will you be using your own money for financing or a line of credit from a bank?
6. Will you have a separate department in your agency to handle this aspect of your business? Yes ☐ No ☐
7. Please identify the persons who will be handling this and their experience in this area. (If you will be using an outside third party to handle your premium financing activity, stop here and refer to Underwriting.)
8. Who will oversee that you are in compliance with the Fair Credit Reporting Act and/or other applicable banking or premium financing rules and regulations? Also, what is their experience in this area?

Completed By: _____

Date: _____

Title: _____

Return this completed and signed form using one of the three following methods:

1. Email: eo.apps@uticanational.com
2. Facsimile: 315-734-2986
3. Mail: Utica National Insurance
E&O Dept., PO Box 530, Utica, NY 13503

If you should have questions, please feel welcome to call the Utica E&O Department at **800-598-8422**.



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