

KF & B + PROGRAM MANAGERS + INSURANCE SERVICES

425 West Broadway · Suite 408 · Glendale · California 91204-1269
 tel: 818.242.5100 · fax: 818.242.6800 · toll-free: 877.242.7700
 CA LICENSE # 0E08513

PROSPECTIVE PRODUCER PROFILE

****To be completed and submitted to write business with KF&B, Inc.**

DATE _____

AGENCY PROFILE

| | |
|--|--|
| Agency Name | |
| DBA (If different than Agency name) | |
| Type of Agency (Proprietorship, Partnership, Corporation) | |
| Principle Location (Address) | |
| Mailing Address (If different than Principle location) | |
| Telephone | |
| Fax | |
| Email | |

| | |
|--|--|
| Are there multiple offices? If so, please list locations: | |
|--|--|

Active Principals:

| Name | Title | Years in Insurance | % Ownership |
|------|-------|--------------------|-------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |

Date Agency Established _____ **Tax ID or Social Security #** _____

Do you conduct business as a retail agent? (Y/N) _____ **Wholesale Agent? (Y/N)** _____

Do you conduct business other than Insurance? (Y/N) _____

If yes, please explain

Do you specialize in any type of insurance? (Y/N) _____

If yes, please describe

Bank Contact & Phone Number _____ () _____

Trust Account Number _____

Please check the types of business you currently write and complete the applicable sections below:

Limousine & Shuttle Vans _____
 Charter Bus _____
 Other _____

Please describe any other niche/specialty or program business your agency writes with volume of \$500,000 or more:

PUBLIC TRANSPORTATION BUSINESS PROFILE

LIMOUSINES ONLY

Total Current Premium for this class of business \$ _____

| List All Markets in Order of Volume | Annual Volume | Commission % Received | States Represented | % of Premium Volume | Commission % Received |
|-------------------------------------|---------------|-----------------------|--------------------|---------------------|-----------------------|
| | \$ _____ | _____ % | | _____ % | _____ % |
| | \$ _____ | _____ % | | _____ % | _____ % |
| | \$ _____ | _____ % | | _____ % | _____ % |
| | \$ _____ | _____ % | | _____ % | _____ % |

| Current and Historical Premium Volume by Fleet Size | 1-4 Units | 5-20 Units | 21+ Units | Total Agency Premium |
|---|-----------|------------|-----------|----------------------|
| 2009 (Estimated) | | | | \$ _____ |
| 2008 | | | | \$ _____ |
| 2007 | | | | \$ _____ |

| Mix of Business by Risk Type | % of Premium Volume | Comments |
|--|---------------------|----------|
| Sedans | _____ % | |
| Limousines | _____ % | |
| Shuttle Vans used by Airport Operators | _____ % | |
| Shuttle Vans Employee Haul Operators | _____ % | |
| Shuttle Vans for Hotels & Parking Facilities | _____ % | |
| Sightseeing or Tour Vans | _____ % | |

Total Number of Accounts Written _____

Average Premium Size of Accounts \$ _____

| Carrier Relationships discontinued/cancelled over the Last 5 years | Reason |
|--|--------|
| | |
| | |

How do you plan to use KF&B, Inc. as a market?

CHARTER BUS ONLY

Total Current Premium for this class of business \$ _____

| List All Markets in Order of Volume | Annual Volume | Commission % Received | States Represented | % of Premium Volume | Commission % Received |
|-------------------------------------|---------------|-----------------------|--------------------|---------------------|-----------------------|
| | \$ _____ | _____% | | _____% | _____% |
| | \$ _____ | _____% | | _____% | _____% |
| | \$ _____ | _____% | | _____% | _____% |
| | \$ _____ | _____% | | _____% | _____% |

| Current and Historical Premium Volume by Fleet Size | 1-4 Units | 5-10 Units | 11+ Units | Total Agency Premium |
|---|-----------|------------|-----------|----------------------|
| 2009 (Estimated) | | | | \$ _____ |
| 2008 | | | | \$ _____ |
| 2007 | | | | \$ _____ |

| Mix of Business by Risk Type | % of Premium Volume | Comments |
|---|---------------------|----------|
| Charter Bus | _____% | |
| Tour & Sightseeing Bus | _____% | |
| Line Operators | _____% | |
| Municipal Operators | _____% | |
| Transportation of Athletes & Entertainers | _____% | |

Total Number of Accounts Written _____
 Approximately how many of these accounts include Worker's Compensation? _____
 Average Premium Size of Accounts (without Workers' Comp) \$ _____

| Carrier Relationships discontinued/cancelled over the Last 5 years | Reason |
|--|--------|
| | |
| | |
| | |

How do you plan to use KF&B, Inc. as a market?

PRODUCTION TO COMPANY

| Anticipated premium volume to KF&B, Inc. will come from the following sources: | Limousine Business | Charter, etc. |
|--|--------------------|---------------|
| New Business | \$ _____ | \$ _____ |
| Transfer from Current Company | \$ _____ | \$ _____ |
| Transfer from Discontinued Company | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |

OTHER- Please complete if you specialize in a type of business not listed above as we may be able to assist you in the future

Program Type (i.e. Truck) _____

Total Current Premium for this class of business \$ _____

| List All Markets in Order of Volume | Annual Volume | Commission % Received | States Represented | % of Premium Volume | Commission % Received |
|-------------------------------------|---------------|-----------------------|--------------------|---------------------|-----------------------|
| | \$ _____ | _____% | | _____% | _____% |
| | \$ _____ | _____% | | _____% | _____% |
| | \$ _____ | _____% | | _____% | _____% |

| Mix of Business by Risk Type | % of Premium Volume | Comments |
|------------------------------|---------------------|----------|
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |

Total Number of Accounts Written _____

OTHER- Please complete if you specialize in a type of business not listed above as we may be able to assist you in the future

Program Type (i.e. Truck) _____

Total Current Premium for this class of business \$ _____

| List All Markets in Order of Volume | Annual Volume | Commission % Received |
|-------------------------------------|---------------|-----------------------|
| | \$ | % |
| | \$ | % |
| | \$ | % |

| States Represented | % of Premium Volume | Commission % Received |
|--------------------|---------------------|-----------------------|
| | % | % |
| | % | % |
| | % | % |

| Mix of Business by Risk Type | % of Premium Volume | Comments |
|------------------------------|---------------------|----------|
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |

Total Number of Accounts Written _____

ERRORS & OMISSIONS INFORMATION

Do you currently have Errors & Omissions Coverage? (Y/N) _____ Coverage Limits _____

****\$1.5M minimum E&O limits are required to write business with KF&B, Inc. Please attach copy of current E&O Declarations page along with copies of all agency licenses.**

Has any insurance company ever refused to write, cancelled, or otherwise withdrawn E&O coverage for the agency, or any of its principals or producers? (Y/N)

If yes, please explain:

Has any member of your agency been the subject of any disciplinary hearing by a state insurance department, federal securities agency or
If yes, please explain:

Is there now pending or threatened, or has there been in the past five years, any litigation, arbitration decision or judgment against the agency principals or producers exceeding \$10,000? (Y/N)

If yes, please explain:

LICENSURE INFORMATION

States in which the agency is currently licensed to do business *(or attach a separate sheet with this information)*

| STATE | AGENT LICENSE # | BROKER LICENSE # |
|-------|-----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Do you hold a Surplus Lines License? (Y/N) _____

If yes, please list states and licensing information below:

| STATE | AGENT LICENSE # | BROKER LICENSE # |
|-------|-----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Do you have any Sub-agent or other producer relationships? (Y/N) _____

If yes, please list below:

| NAME | TITLE | YEARS IN INSURANCE |
|------|-------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NAME & TITLE OF PERSON COMPLETING THIS AGENCY PROFILE

NAME _____ TITLE _____

The undersigned hereby declares that the answers given to the foregoing questions are true, complete and accurate and that the answers contain no misrepresentations, omissions, or other concealment fact.

AUTHORIZED SIGNATURE _____ TITLE _____

DATE _____

Before submitting, please attach the following documents:

Copies of Insurance Licenses _____

E&O Declarations Page reflecting \$1.5M in coverage _____

Most Recent Financial Document _____

FOR OFFICE USE ONLY

Broker Code Assigned _____
 Date Entered _____
 Initials _____
 Agency File Created _____