

# Marketing Services Questionnaire

## General Information

1. Name of Product: \_\_\_\_\_
2. Branded Name?  Yes  No
3. Underwriting Companies: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Profile

1. Is Product available in all states:  Yes  No If "No" check states where available and indicate if the product is admitted.

✓	STATE	Admitted?	✓	STATE	Admitted?	✓	STATE	Admitted?	✓	STATE	Admitted?
	Alabama			Illinois			Montana			Rhode Island	
	Alaska			Indiana			Nebraska			South Carolina	
	Arizona			Iowa			Nevada			South Dakota	
	Arkansas			Kansas			New Hampshire			Tennessee	
	California			Kentucky			New Jersey			Texas	
	Colorado			Louisiana			New Mexico			Utah	
	Connecticut			Maine			New York			Vermont	
	Delaware			Maryland			North Carolina			Virginia	
	Wash, D.C.			Massachusetts			North Dakota			Washington	
	Florida			Michigan			Ohio			West Virginia	
	Georgia			Minnesota			Oklahoma			Wisconsin	
	Hawaii			Mississippi			Oregon			Wyoming	
	Idaho			Missouri			Pennsylvania				

2. What does the product cover? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Who does the product compete with? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Target Audience/Universe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Preferred Risk Characteristics: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. Excluded Risks: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Marketing Information** \_\_\_\_\_

1. How is this program to be distributed (open brokerage, closed brokerage, sub-agency, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe anticipated acquisition costs (fees, commissions, royalties, ads, travel, trade shows, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please attach a strategic business plan detailing the marketing methodologies you will employ to solicit the target audience. Include time-lines, marketing material mock-ups, and three year premium/expense projections. **Note: This is the most critical piece of the questionnaire.**

4. Differentiation—10 Key Reasons Prospect Should Move:

- |          |          |
|----------|----------|
| A. _____ | F. _____ |
| B. _____ | G. _____ |
| C. _____ | H. _____ |
| D. _____ | I. _____ |
| E. _____ | J. _____ |

**Rating** \_\_\_\_\_

1. What coverage limit, deductible, and co-insurance options will be available?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How is the policy to be rated?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the basis for the rating algorithm (attach additional sheets if necessary)?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will this product require any unique underwriting procedures?  Yes  No If “Yes” please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List of Debits/Credits Available: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_