

Weiss Ratings, LLC

Insurance Survey

Company Type

P&C

L&H

Health

Data For Quarter Ending

MM/DD/YYYY

Company Name

Group Affiliation

Marketing Name/Abbreviation

NAIC Company Code

NAIC Group Code:

Email Address of Survey Contact

Fax Number

Customer Service Phone Number

Status (check one):

Not-for-Profit

Or For-Profit

Parent Company Information

Bond rating of parent or group holding company senior debt

Bond rating of parent or group holding company subordinated debt

If parent company has more than one bond issue, list the issue and its rating below:

Describe any affiliate or group relationships that may impact the financial strength of your company.

Submit financial documentation of these affiliates/groups if appropriate.

Provide any documentation on any guarantee of solvency, surplus levels, etc. that your company may have with a parent or affiliate, if not previously sent.

Describe any reinsurance that your company may have purchased to cover claims.

Include the name of the insurance carrier.

Merger and Acquisition Activity

Please provide dates, amounts and details on any recent mergers, acquisitions, and purchase, sale or reinsurance of large blocks of business.

Additional Information

Please indicate any additional information you believe we should take into consideration in our review. Attach documentation as needed.

Name of Preparer: _____

Name of Contact if different than Preparer: _____

Title: _____

Address: _____

Signature of Preparer if mailed: _____ Phone: _____