

**Promont’s Skilled Nursing and Risk Management Program will be distributed through a limited network of appointed State and National Distributors.**

**State Distributors will be appointed to submit skilled nursing accounts from the state(s) for which they are approved. National Distributors will be appointed to submit skilled nursing accounts from all states where Promont writes skilled nursing business, except any state(s) deemed exclusive to a State Distributor.**

**Those interested in becoming appointed to distribute Promont’s Skilled Nursing Program should complete the questionnaire below and sign the attached NDA/Confidentiality Agreement.**

**Those selected to distribute Promont’s Skilled Nursing Program will complete a business plan with Promont’s Skilled Nursing management team prior to being appointed as a State or National Distributor.**

1. Number of specialized LTC producers in your organization by state:

AK	CO	HI	KS	ME	MT	NJ	OK	SD	VT
AL	CT	IA	KY	MI	NC	NM	OR	TN	WA
AR	DE	ID	LA	MN	ND	NV	PA	TX	WI
AZ	FL	IL	MA	MO	NE	NY	RI	UT	WV
CA	GA	IN	MD	MS	NH	OH	SC	VA	WY

2. Unique/proprietary value proposition(s). Why does someone buy from you?

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3. Top 5 Retail Competitors.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Top 3 LTC Direct Placement Carriers (Total Premium/Loss Ratio – 3 prior years.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Top 3 LTC Wholesale Placement Carriers (Total Premium – 3 prior years.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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## SKILLED NURSING PRE-QUALIFICATION BROKER QUESTIONNAIRE

6. How many controlled 1-5 LTC facility accounts do you have by state?

AK ___	CO ___	HI ___	KS ___	ME ___	MT ___	NJ ___	OK ___	SD ___	VT ___
AL ___	CT ___	IA ___	KY ___	MI ___	NC ___	NM ___	OR ___	TN ___	WA ___
AR ___	DE ___	ID ___	LA ___	MN ___	ND ___	NV ___	PA ___	TX ___	WI ___
AZ ___	FL ___	IL ___	MA ___	MO ___	NE ___	NY ___	RI ___	UT ___	WV ___
CA ___	GA ___	IN ___	MD ___	MS ___	NH ___	OH ___	SC ___	VA ___	WY ___

7. How many prospective 1-5 LTC facility accounts do you have by state?

AK ___	CO ___	HI ___	KS ___	ME ___	MT ___	NJ ___	OK ___	SD ___	VT ___
AL ___	CT ___	IA ___	KY ___	MI ___	NC ___	NM ___	OR ___	TN ___	WA ___
AR ___	DE ___	ID ___	LA ___	MN ___	ND ___	NV ___	PA ___	TX ___	WI ___
AZ ___	FL ___	IL ___	MA ___	MO ___	NE ___	NY ___	RI ___	UT ___	WV ___
CA ___	GA ___	IN ___	MD ___	MS ___	NH ___	OH ___	SC ___	VA ___	WY ___

8. Total LTC GL/PL/XS premium by state.

AK ___	CO ___	HI ___	KS ___	ME ___	MT ___	NJ ___	OK ___	SD ___	VT ___
AL ___	CT ___	IA ___	KY ___	MI ___	NC ___	NM ___	OR ___	TN ___	WA ___
AR ___	DE ___	ID ___	LA ___	MN ___	ND ___	NV ___	PA ___	TX ___	WI ___
AZ ___	FL ___	IL ___	MA ___	MO ___	NE ___	NY ___	RI ___	UT ___	WV ___
CA ___	GA ___	IN ___	MD ___	MS ___	NH ___	OH ___	SC ___	VA ___	WY ___

9. Total 1-5 facility LTC GL/PL/XS premium by state.

AK ___	CO ___	HI ___	KS ___	ME ___	MT ___	NJ ___	OK ___	SD ___	VT ___
AL ___	CT ___	IA ___	KY ___	MI ___	NC ___	NM ___	OR ___	TN ___	WA ___
AR ___	DE ___	ID ___	LA ___	MN ___	ND ___	NV ___	PA ___	TX ___	WI ___
AZ ___	FL ___	IL ___	MA ___	MO ___	NE ___	NY ___	RI ___	UT ___	WV ___
CA ___	GA ___	IN ___	MD ___	MS ___	NH ___	OH ___	SC ___	VA ___	WY ___

10. Percent (%) Occurrence vs Percent (%) Claims made:

\_\_\_\_\_

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11. Account/Premium commitment first 12 months.

\_\_\_\_\_

12. Account/Premium commitment first 36 months.

\_\_\_\_\_

13. What do you believe are the critical factors for success?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you.**

Please remit to Ben Newman: [ben.newman@promontadvisors.com](mailto:ben.newman@promontadvisors.com)