

Agency Profile

NAME	Date _____
	Name _____
	Federal Tax I.D.# _____
	Address _____
	City State Zip _____
	Telephone _____
	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Date Agency Established _____

OWNERSHIP	Owners	Title
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	Brief Explanation of Each Principal's Background	

PERSONNEL	Key Agency Personnel
	Office Manager _____
	Accounting _____
	Commercial Underwriting _____
	Personal Lines Underwriting _____
	Claims _____
	Solicitors _____
Others _____	

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MARKETING

COMPANIES you are currently representing **INCLUDING EXCESS AND SURPLUS LINES**, as well as **MANAGING GENERAL AGENCIES**. Also, please give **NAME AND PHONE NUMBER OF SPECIAL AGENT FOR EACH COMPANY**. Use separate sheet of paper if necessary.

Name of companies added to your agency within the past 12 months

Name of companies withdrawn from your agency within the past 12 months

P&C Volume Past Twelve (12) Months \$ _____ Comm. _____ % PL _____ %

Apprx. Volume Standard Business _____

Apprx. Volume Excess & Surplus Lines _____

What lines do you have a need to place?

MISCELLANEOUS

Name and Address of Banking Connection

Type of Account _____ Account# _____

Does your agency have an automated account? Yes No

If yes, whose _____

Name and Address of E&O Carrier _____

Policy# Expiration Date _____

Minimum of \$20,000 first year volume commitment.

Please do the following: Attach a copy of your agent's license.

Attach a check for \$8.00 (Payable to the state board of insurance)

Comments

Signature _____ Title _____