



AGENCY NAME _____
 Full Address _____

 Contact Name _____

Phone # _____
 Fax # _____
 Date agency established _____
 E-MAIL _____

Have there been any: (Please respond Yes or No)

- Changes in ownership past 3 yrs? Yes No
- Fines/Disciplinary Action past 5 yrs.? Yes No
- Insolvencies of represented insurance companies past 3 yrs.? Yes No
- Mergers/Acquisitions past 3 yrs.? Yes No
- E and O Claims past 5 yrs.? Yes No

ANNUAL PREMIUM VOLUME	P&C Premium Volume	P&C Commissions	Life & Health Commissions
Last 12 months	\$ _____	\$ _____	\$ _____
Next 12 months	\$ _____	\$ _____	\$ _____

Do you receive income from any additional services: Yes No If "yes" attached a description.

Market Breakdown: Provide either the \$ amount or % of total volume- This entire section should = 100%

Personal Lines		Aviation	
Standard Auto		Long Haul Trucking	
Non-Standard Auto/RV/Cycles		Bonds	
Other		Other	
Total Personal Lines		Total Commercial	
Commercial Lines		Life, Health & Accident	
Commercial Auto		Group Life	
Workers Comp		Individual Life	
Reinsurance		Accident & Health	
Ocean Marine		Annuities & Pension	
Professional Liability & D&O			
Medical Malpractice		Total L, H & A	

How is business placed?

- Directly with **admitted P&C** insurance companies or **their MGA's** (not brokered) _____ %
- Brokered to **admitted P&C** insurance companies **through others** (wholesalers) _____ %
- As an **MGA or underwriter** (Not through an MGA but "as" an MGA) _____ %
- With **admitted Life/A&H** insurance companies or their **GA's** _____ %
- Directly or through a broker with **non-admitted** insurance companies _____ %
- Directly or through a broker with **risk assuming entities** other than insurance companies _____ %

TOTAL OF ABOVE MUST = 100%

List top 5 companies represented

Company	% or Volume Placed	# Yrs	Lines Placed

- Percent of volume placed with unrated companies or companies rated lower than B+? _____ %
- What minimum financial standard do you require for your insurance companies? _____
- What percent of agency business is direct billed by insurance companies? _____
- Is your agency automated? Yes No
- Do you use automation in processing business? Yes No
- Does your agency have written procedures to be used by all staff? Yes No
- Percent of agency staff that attended E&O risk management education past 2 years _____ %
- Total Agency Staff _____ Total Licensed Staff _____ # hired past 2 yrs _____ # left past 2 yrs _____
- # of owners/principals _____ # of employees _____ # of independent contractors _____
- Is there knowledge of any circumstances that could lead to an E&O claim against the agency? Yes (explain) No

CURRENT E&O: Carrier _____ How Long? _____ yrs. Expiration Date _____

Limits \$ _____ Deductible \$ _____ Premium \$ _____ Retro Date: _____

Signature: _____ Printed Name: _____ Date: _____