

AGENCY PROFILE

Please type or print your answers. Use separate sheet if necessary. For Adobe users, please use your typewriter tool to add text.

- A.
1. Name of Firm: _____
DBA (If different from above): _____
 2. Principal Address:
Street: _____
City: _____ State: _____ Zip: _____
 3. Mailing Address (if different from above):
Street: _____
City: _____ State: _____ Zip: _____
 4. Telephone: _____ Facsimile: _____
 5. Email: _____ Website: _____

CORPORATION PARTNERSHIP INDIVIDUAL

Taxpayer ID Number: _____

B. Background

1. Year Business Established: _____
2. During past five (5) years has the firm acquired/merged with another firm, or has the firm changed names? Yes No
If "Yes", please describe: _____

3. Is producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest? Yes No
If "Yes", please describe: _____

4. Member of: FAIA LAIA OTHER (please list)

C. Principals & Personnel

- | 1. Breakdown of producer's staff | Current Year |
|----------------------------------|--------------|
| No. Principals/Partners, Owners: | _____ |
| No. Officer Managers: | _____ |
| All other office staff: | _____ |
| Total staff: | _____ |

2. Principals/Officers/Key Agency Contacts

Name of Principals	Title or Position	Email	Direct Line/ Mobile Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Shareholders:

Name: _____ Percentage of Ownership: _____
Address: _____
S.S. Number: _____
Name: _____ Percentage of Ownership: _____
Address: _____
S.S. Number: _____
Name: _____ Percentage of Ownership: _____
Address: _____
S.S. Number: _____

D. Operations:

1. Do you write business outside of domicile? Yes [] No []
If "Yes", please describe: _____

Number of locations: _____

2. How does your firm transact business?
_____ % Retail _____ % Wholesale Brokerage

3. List Agency License (please attach copies of all your current licenses):

License #	Issue Date
_____	_____
_____	_____
_____	_____

4. Individual Agent Licenses (All Licensed Individuals in Agency)

Name	License #	Issue Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Premium Volume

1. Your total for last three (3) years:

Year	Premium
_____	_____
_____	_____
_____	_____

2. Volume Prior Calendar Year

Professional Liability	_____
Management Liability	_____
Transportation	_____
Property	_____
General Liability	_____
Homeowners	_____
Flood Insurance	_____
Umbrella/Excess	_____
Other	_____
_____	_____
Total	_____

3. List major companies in order of premium volume:

Name	Years Represented	Prior Cal Year	Loss Ratio	Binding Authority (Yes/No)	Received Contingency Commission Last 12 months (Yes/No)*
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____

4. Describe claims handling procedures:

5. Companies discontinued in the last three (3) years:

_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Production to SUM:

Anticipated volume to company will come from following sources:

- 1. New business: \$ _____
- 2. Transfer from current company in office: \$ _____

G. Accounting

1. If accounting not handled by main office, provide address:

Street: _____
City: _____ State: _____ Zip: _____
Name of accounting contact: _____
Phone: _____ Email: _____

2. Bank References:

Name: _____
Trust Account #: _____ Other: _____
Bank Address: _____
Bank Contact: _____
Name: _____
Trust Account #: _____ Other: _____
Bank Address: _____
Bank Contact: _____

3. Do you maintain fidelity coverage over all officers and employees? Yes [] No []

If "Yes", please complete the following:

Insurance Company: _____
Limits: _____
Deductible: _____
Expiration Date: _____

4. Do you maintain E & O coverage? Yes [] No []

If "Yes", please complete the following:

Insurance Company: _____

Limits: _____

Deductible: _____

Expiration Date: _____

5. Has any member of your firm received any disciplinary action by state insurance department or other regulatory agency? Yes [] No []

If "Yes", please explain: _____

6. Is there any pending or threatened litigations or judgment within the past five (5) years exceeding \$5,000 against the broker or any of the principals? Yes [] No []

If "Yes", please explain: _____

H. Other

1. Has the firm or any of its securities holders, partners, members, principals, directors, officers, employees or agents, or any affiliates of any of the foregoing, ever been refused a license or other authorization by any regulatory authority, or has any license or other authorization ever been modified, suspended or revoked, or has any disciplinary action by any regulatory authority ever been taken with respect to any license or other authorization? Yes [] No []

If "Yes", please explain: _____

Attachments:

1. Current copy of your agency Error & Omissions Insurance Policy.
2. Copy of your agency license and agent licenses.
3. Copy of the agent excess and surplus lines brokers license for those who will be placing business.
4. Contact information with extensions & e-mail addresses for agents and accounting.
5. Copy of W-9

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentations, omissions, or any other concealments of fact.

Signature of Applicant: _____ Date: _____

Printed name of Applicant: _____ Date: _____

Title: _____