

AGENT/BROKER'S PROFILE



A. Name of firm _____

Address _____

Mailing Address _____

(if different than above)

Telephone No. _____ Fax No. _____ ADR Acct. No. _____

Number of years in business under this firm name _____

Individual _____ Partnership _____ Corporation _____

Tax ID #: _____ Social Security #: _____

Additional Locations to be Set up:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Name of principals in firm	Title	Driver's License Number	Number of Years in Ins. Business	This firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has this firm or any principals of this firm:

- | | Yes | No |
|--|-------|-------|
| 1) Filed Bankruptcy? | _____ | _____ |
| 2) Been sued by an insurance company? | _____ | _____ |
| 3) Filed a claim under an Errors and Omissions Policy? | _____ | _____ |
| 4) Had their license suspended, revoked, or been subject to any disciplinary action by a regulatory authority? | _____ | _____ |
| 5) Been convicted of a felony? | _____ | _____ |

If "yes", please explain on a separate sheet of paper.

C. List all states where the firm or any firm members are licensed and give type of license, i.e. resident, nonresident, surplus lines. Use additional sheet of paper if needed. **(Attach copies of ALL licenses.)**

Name on License	State	Type of License	License No.	Expiration Date

D. (a) Does your firm carry Errors and Omissions insurance? _____

If "yes", Limits _____ Deductible _____

Company _____

Expiration Date _____

(b) Are you Bonded? _____ Bond No. _____

Company _____ Expiration Date _____

E. Total Premium Volume

Current Year	\$ _____
Past Year	\$ _____
Two Years Past	\$ _____

Top Five Companies Represented	Approximate Volume	Approximate Loss Ratio
1) _____		%
2) _____	\$ _____	%
3) _____	\$ _____	%
4) _____	\$ _____	%
5) _____	\$ _____	%

Approximate percent of total premium volume

Retail _____ %
 Wholesale _____ %
 100 %

Personal Lines _____ %
 Commercial Property _____ %
 General Liability _____ %
 Professional Liability _____ %
 D & O Liability _____ %
 100 %

