



Agency Profile

Name of Agency _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

1. a) Number of Years in Business Under This Firm Name _____

b) Individual Partnership Corporation

2. Are You a(n) Independent Agent? Captive?

3. Are You a Member of IIAI? PIA? Blue Goose?

CPCU? Other?

4. Total Number of Employees _____

5. Federal Tax I.D. Number/Social Security Number _____

6. Total Annual Premium Volume of Your Agency \$ _____

7. a) Provide Approximate Percentage Breakdown of Business:

Personal Lines _____ % Commercial General Liability _____ %

Commercial Property _____ % Commercial Auto _____ %

b) What Percentage of Total Business is Brokered? _____ %

8. List your Errors and Omissions Carrier: Company Name _____

Policy Number _____ Expiration Date _____ Limits \$ _____

9. Name of Principals	Title	Number of Years in Insurance Business	Number of Years in Agency
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10. Has This Agency, or Previously Owned Agencies, or Any Principals of the Agency:

	Yes	No
a) Filed Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
b) Been Sued by an Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>
c) Filed a Claim Under an E&O Policy?	<input type="checkbox"/>	<input type="checkbox"/>
d) Had Their License Suspended, Revoked or Been Subject To Any Disciplinary Action by a Regulatory Authority?	<input type="checkbox"/>	<input type="checkbox"/>
e) Been Convicted of a Felony? <i>(if Yes, Please Explain on a Separate Sheet of Paper)</i>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do You Hold a Property and Casualty License for Indiana?

(if Yes, Attach a Copy and List Property and Casualty License Number)

Yes No
License # _____

12. Principal Bank Name _____

Address _____
Telephone Number _____
Contact Person _____

13. a) Name of Person With Your Agency to be Contacted Regarding Accounting Matters _____

b) Telephone Number _____

c) Mailing Address *(if Different From Agency's)* _____

City _____ State _____ Zip _____

14. a) Do You Wish to Make Payments on a 30 Day Account Current Basis? Yes No

b) Or Do You Wish To Pay by Individual Invoice? Yes No

X _____
Principal's Signature

Date

Due to Contractual Obligations, We Cannot Extend Binding Authority to You For Any of Our Programs. If You Wish to Bind Coverage, Please Call Our Office.

IMPORTANT NOTICE

A routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the scope of the report, if one is made, will be provided.