



Agency Name: _____
 Full Address: _____

 Contact Name: _____

Phone: _____
 Fax: _____
 Email: _____
 Date Agency Established: _____

1. Agency Changes or Claims

A.	Changes in ownership past 3 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Fines/disciplinary actions past 5 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No

B.	Mergers/acquisitions past 3 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.	E&O claims past 5 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Total Annual Volume & Commission [Please Complete All Blocks]

Annual Premium Volume	P&C Premium Volume	P&C Commissions	Life & Health Commissions
Last 12 Months	\$	\$	\$
Next 12 Months	\$	\$	\$

3. Do you receive income from any additional services?: No Yes If "Yes", Explain: _____

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

	\$ or % of Total
Personal Lines	
Auto [Standard]	
Auto [Non-Standard]	
Homeowners/Umbrella	
Personal Marine	
Life, Accident and Health	
Individual Life	
Individual Accident and Health	
Group Life	
Group Health	
Group Accident and Health	
Pension Plans	
Mutual Funds	
Annuities	

	\$ or % of Total
Commercial Lines	
Auto [Other Than Long Haul Trucking]	
Trucking [Single Owner/Operator ONLY]	
Trucking [Fleet]	
Business Owner's Property	
General Liability and Property [Non-BOP]	
Workers Compensation	
Bonds	
Aviation	
Ocean Marine	
Inland Marine	
Professional Liability/Medical Malpractice	
Crop	
Other [Describe]	

5. How is business placed?

- A. Directly with **admitted P&C** insurance companies or **their MGA's** [Not Brokered]: _____ %
- B. Brokered to **admitted P&C** insurance companies **through others** [Wholesalers]: _____ %
- C. As an **MGA or underwriter** [Not Through an MGA but "as" an MGA]: _____ %
- D. With **admitted Life/A&H** insurance companies or their **GA's**: _____ %
- E. Directly or through a broker with **non-admitted** insurance companies: _____ %
- F. Directly or through a broker with **risk assuming entities** other than insurance companies: _____ %

Total of Above Must = 100%

6. List Top 3 Companies Represented

Company	% or Volume Placed	# Yrs	Lines Placed

7. Percent of volume placed with unrated companies or companies rated lower than B+: _____ %

8. What minimum financial standard do you require for your insurance companies?: _____

9. What percent of agency business is direct billed by insurance companies?: _____

10. Does your agency have written procedures to be used by all staff?: Yes No

11. Agency Staffing

	Licensed	Unlicensed	FT	PT	# Attending E&O Risk Management?	# w/Designations?
# Owners, Partners, Principals						
# All Other [Excluding Above]						

12. Current E&O: Provide copy of expiring DEC so we can match expiration date, limits, deductibles & retro date.

Carrier:	Limits:	Deductible:	Retro Date:	Expiration:
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Signature: _____ Printed Name: _____ Date: _____