



# AGENCY INFORMATION SHEET

Full Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Federal ID/Social Security Number: \_\_\_\_\_

Organization Type:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

**Names of Owners:**

Owner Name	Title	Percentage Owned

**\*ATTACH COPY OF GENERAL LINE P & C LICENSE(S) FOR AGENCY AND PRINCIPALS\***

Number of Years Agency in Business: \_\_\_\_\_ Memberships:  IIAH  PIA  AIAT  IIAT

During the past five years, has the name of the agency been changes, or has any other business been purchased, merged, or consolidated with the agency? :  Yes  No If yes, provide details: \_\_\_\_\_

Is the agency engaged in any other business?  Yes  No If yes, provide details: \_\_\_\_\_

Total Number of Staff: \_\_\_\_\_ Breakdown – Principals \_\_\_\_\_ Producers \_\_\_\_\_ CSRs \_\_\_\_\_ Other \_\_\_\_\_

Annual Premium Volume Last Year: \_\_\_\_\_ Surplus Line Volume Last Year: \_\_\_\_\_

Percentage of business by line: Commercial \_\_\_\_\_ % Personal \_\_\_\_\_ % Life/Health \_\_\_\_\_ %

**Check top 5 industries that you write:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Apartment/Dwelling              | <input type="checkbox"/> Contractors              | <input type="checkbox"/> Professional Liability  |
| <input type="checkbox"/> Auto Service/Repair Risk        | <input type="checkbox"/> Day Care Centers         | <input type="checkbox"/> Restaurants             |
| <input type="checkbox"/> Bars/Taverns                    | <input type="checkbox"/> Distributors/Wholesalers | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Beauty/Barber Shops/Nail Salons | <input type="checkbox"/> Dry Cleaners             | <input type="checkbox"/> Supermarkets            |
| <input type="checkbox"/> Builders' Risk                  | <input type="checkbox"/> Gas Stations/C-Stores    | <input type="checkbox"/> Truckers' GL            |
| <input type="checkbox"/> Car Washes                      | <input type="checkbox"/> Lessor's Risk            | <input type="checkbox"/> Vacant Land/Buildings   |
| <input type="checkbox"/> Churches/Houses of Worship      | <input type="checkbox"/> Liquor Liability         | <input type="checkbox"/> Washaterias/Laundromats |
| <input type="checkbox"/> Condo/Home Owners Associations  | <input type="checkbox"/> Manufacturing            | <input type="checkbox"/> Other: _____            |

**List Main General Agencies with whom you place business:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**List Standard companies represented:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

E&O Coverage?  Yes  No **\*ATTACH CURRENT CERTIFICATE OF INSURANCE & COPY OF DEC PAGE WITH RETRO DATE\***

Have any E&O claims been made during the past 3 years against you?  Yes  No If yes, attach a statement giving details.

Signature of Agency Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Agency Principal: \_\_\_\_\_ Title: \_\_\_\_\_