



AGENCY PROFILE

1. Agency Name: _____
 Mailing Address: _____
 City _____ ZIP: _____
 Telephone: _____ Fax: _____
 Contact: _____

2. Agency Location Main location _____ Branches _____ _____	Approx. pop. of trade area _____ _____
--	---



3. Ownership
 Sole Proprietor Partnership Corporation

	Name of Principals	Title	Age	Years in Business
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

4. Our agency has been in business under current ownership for _____ years.

5. We have the following number of people in these positions:
 _____ Producers/Solicitors _____ CSRs _____ Other

We have the following number of professional designations:
 _____ CPCU _____ CIC _____ AAI _____ CLU _____ ACSR _____ CISR

6. Brief description of our agency perpetuation plan:

7. Our agency is automated for the following functions:
 Bookkeeping, rating and management Bookkeeping only Rating only

8. Our total premium volume and loss ratio as of the end of the last full annual period:

Loss Ratio

A. Personal Lines ("standard")	\$ _____	Last year	Previous	Previous
B. Commercial lines ("standard")	\$ _____			
C. Surplus and nonstandard	\$ _____			
Total Property & Casualty	\$ _____			
D. Life & Health commissions	\$ _____			

9. Our top three companies, premium volumes and loss ratios for each of the following lines as of the last full annual period:

Personal Auto

Company Name	Premium Volume	Last Year	Loss Ratio	
			Previous	Previous
A. _____	\$ _____	_____	_____	_____
B. _____	\$ _____	_____	_____	_____
C. _____	\$ _____	_____	_____	_____

Homeowners

Company Name	Premium Volume	Last Year	Loss Ratio	
			Previous	Previous
A. _____	\$ _____	_____	_____	_____
B. _____	\$ _____	_____	_____	_____
C. _____	\$ _____	_____	_____	_____

Business Auto

Company Name	Premium Volume	Last Year	Loss Ratio	
			Previous	Previous
A. _____	\$ _____	_____	_____	_____
B. _____	\$ _____	_____	_____	_____
C. _____	\$ _____	_____	_____	_____

Commercial Multiperil (CPP & BOP)

Company Name	Premium Volume	Last Year	Loss Ratio	
			Previous	Previous
A. _____	\$ _____	_____	_____	_____
B. _____	\$ _____	_____	_____	_____
C. _____	\$ _____	_____	_____	_____

Workers' Compensation

Company Name	Premium Volume	Last Year	Loss Ratio	
			Previous	Previous
A. _____	\$ _____	_____	_____	_____
B. _____	\$ _____	_____	_____	_____
C. _____	\$ _____	_____	_____	_____

Explanation/Comments: _____

10. Why we are looking for a new company: _____

11. We can make the following production commitment:
 First Year \$ _____ Second Year _____ Third Year _____
 Business to fulfill this commitment will come from the following:

12. Our agency E&O limit is \$ _____.

13. Other important information: _____

 Signature of Agency Principal

 Date