

AGENCY ANALYSIS FORM

Relationships are important and we want to know as much about you as possible so we can better serve you and your client's needs. Please take a few moments to complete and return this form to our Marketing Department. We appreciate this opportunity to analyze how we can better serve you.



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Agency Name _____
 D.B.A. _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Fax No. (_____) _____
 E-mail address: _____
 License number _____ (Attach a copy) Tax ID # or Social Security # _____

Agency is a: Corporation Partnership Proprietorship Agency opened in what year? _____

Names of Principal(s) _____ Duties _____ Years of Experience _____

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Do you have a rating system? Yes No If yes, FSC OIS

How long have you been in business? _____ How many licensed agents in your office? _____

Do you currently use subagents, brokers or solicitors? Yes No

If yes, on what lines of business? _____

Do you have E&O insurance? Yes No If Yes, attach a copy. How much? _____

Do you have a book of business that could potentially be rolled into any of our programs? Yes No

If yes, please list carriers and volume _____

Please list primary carriers currently represented

Company Name	Current Value	HO6/HO4	Homeowners (\$)	Commercial (\$)

Number of accounts written monthly? Homeowners _____ Mobilehome _____ Condo _____ Renters _____

Personal references

Company Name	Individual & Title	Phone No.	Comments
		()	
		()	
		()	
		()	