

# 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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San Juan Capistrano, CA 92675  
**Phone (800) 488-4096**  
**Fax (949) 488-2259**  
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Lic#0B91471

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	Mobile Home	Homeowners (\$)	Commercial (\$)

Number of accounts written monthly? Homeowners \_\_\_\_\_ Mobilehome \_\_\_\_\_ Condo \_\_\_\_\_ Renters \_\_\_\_\_

**Personal references**

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