

Insurance Market Solutions Group Agency Profile

Date _____

Agency Name _____

Year Established _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Agency Email _____

Tax ID _____

Choice Point ID _____

Comparative Rater _____

Agency Owner/Key Personnel Information:

Name	Role	Email Address	Yrs. Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Production Information – Please provide most recent production reports.

Top 3 Carriers:	Direct Contract or thru MGA?	PL WP (\$)	Auto WP(\$)	Auto Loss Ratio	Home WP (\$)	Home Loss Ratio

Total Written Premium:

<i>Personal Lines</i>	<i>Commercial</i>	<i>Other</i>	<i>Total Agency</i>
\$ _____	\$ _____	\$ _____	\$ _____

Markets Needed: _____

Average Cov A: _____ Average Yr. Built: _____

	Home	Auto
Quotes/month	_____	_____
Personal Lines New Business/month	_____	_____

How does the agency generate leads for new business? _____

What are the agencies growth goals? _____

