



AGENCY INFORMATION SHEET
(This form is fillable. Please complete this form on your computer)

Date: _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Website and/or Email Address: _____

Telephone: _____ Fax: _____

Please Check One: Partnership _____ Corporation _____ Individual _____

Agency Tax ID #: _____

Date Agency Was Established: _____ (If less than 3 years, principals prior to insurance experience):

Do you have branch offices? Yes _____ No _____ If "yes", please fill out an Agency

Information Sheet for each location.

Agency Owner(s): _____

Owner(s) SSN: _____

Owners Home Address: _____

Key Licensed Personnel:

Name	Email Address	Position
------	---------------	----------

Name	Email Address	Position
------	---------------	----------

Name	Email Address	Position
------	---------------	----------

Other/Not Licensed Personnel:

Name	Email Address	Position
------	---------------	----------

Name	Email Address	Position
------	---------------	----------

Name	Email Address	Position
------	---------------	----------

Companies You Are Currently Representing:

Standard Markets:

Specialty Markets

Total P & C Volume for past 12 Moths:

Commercial: \$ _____

Personal: \$ _____

What percentage of the volume is commercial surplus lines policies (non-admitted)? _____

Bank Information:

Contact: _____

Telephone: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

Does your agency have automated accounting? Yes _____ No _____ (Please Check One)

E&O and License Information:

Name of E&O carrier: _____

Policy Expiration Date: _____

Local Recording Agency License Name: _____

License Expiration Date: _____

Any Withdrawals, Complaints, or Legal Actions Taken?

Names of companies that have withdrawn from your agency within the past twelve (12) months:

Have any complaints been filed against your agency with the State Department of Insurance?

Yes_____ No_____

If "yes", please explain:_____

Date complaint was filed:_____

Has your agency ever been sued as a result of official acts performed? Yes_____ No_____

If "yes", answer the following:

Date lawsuit filed:_____ Nature of lawsuit:_____

Legal results:_____

Remarks:_____

How did you hear about Executive Insurance Professionals? _____

Signature

Date

Title: _____

Approved By

Date

Title: _____

Please attach the following along with this form:

1. Copy of your Local Recording Agent's License
2. Copy of your E&O Policy Dec Page
3. Completed and Signed Producer Agreement