

DATE:	·	
FAX:		
ENANU		
EMAIL:		

Ripley, W Phone: (3	n Church St V 25271 04)372-1138)372-1430				EMAIL:					
NAME OF AGENCY				AGENCY	AGENCY TELEPHONE NUMBER					
STREET	ADDRESS			PRINCIPA	AL .					
MAILING	ADDRESS									
CITY		STATE	ZIP CODE		COUNTY		TAXPAYER NUI	MBER		
1. A	gency Background	1	l.				I			
•	A. When was present of	-								
	B. If present ownership PREVIOUS ENTITIES	YR. AC		tablished w	ESTIMATED		MERGER or PU	RCHASE		
2. /	Agency Personnel									
	PRINCIPALS, KEY PERSON PLACERS	NEL	YEAR OF BIRTH	TITLE OR	POSITION		YEAR STAF	THIS AGENCY		
3. A	gency Companies									
	1 Number of companie	o in ogon	01/							
	 Number of companies Companies discontin 			ears.			-			
	A					REASON				
	В.									
	C									
	3. Companies who have									
	A					REASON				
	В					REASON				

4 Agency Growth Last Five Years

YEAR	TOTAL P & C VOLUM	ИE	STND. FIRE	MOBILE HOME	
TEAR	Home	Auto	Commerical		
20					
20					
20					
20					
20					

5. Agency experience (Attach Photo Copy of Last 2 Years Plus Current Year to Date)

Experien	ice (3 years Red	quired)				_			
20	HOMEOWNERS		LOSS	AUTO		LOSS	COMMERCIAL		LOSS
PRINCIPAL COMPANIES	EARNED PREMIUM	INCURRED LOSSES	RATIO	EARNED PREMIUM	INCURRED LOSSES	RATIO	EARNED PREMIUM	INCURRED LOSSES	RATIO
			1						1
20	HOMEOWNI		LOSS	AUTO			COMMERICAL		LOSS
PRINCIPAL COMPANIES	EARNED PREMIUM	INCURRED LOSSES	RATIO	EARNED PREMIUM	INCURRED LOSSES	RATIO	EARNED PREMIUM	INCURRED LOSSES	RATIO
			ı						ı .
20	HOMEOWNI	ERS INCURRED	LOSS AUTO		1	LOSS COMMERICAL		INCURRED	LOSS
PRINCIPAL COMPANIES	EARNED PREMIUM		RATIO	EARNED PREMIUM	INCURRED LOSSES		EARNED PREMIUM	LOSSES	RATIO
3 YR TOTALS									

6. Other Agency Busin	ess	
A. LIFE INSURANCE B. REAL ESTATE C. TAXES D. OTHER	AREN	YOU A MANAGING AGENT FOR ANY COMPANY □YES □NO
Are you a Managing Agent for Ar	y Company	 □YES □NO
Does Producer Accept Broker	Business	□YES □NO
7. Agency Services		
A. CLAIM DRAFT AUTHORITY:	□YES□NO	COMPANY AMOUNT
B. COMPANY TERMINAL:	□YES □NO	COMPANY
8. E&O Insurance		
(ATTACH DEC SHEET)	CARRIER NAME:	
	COVERAGE AMT:	·
	DEDUCTIBLE:	
	POLICY PERIOD:	TO
9. Profit Sharing Agreem	nents	
A. COMPANY		MINIMUM VOLUME
B. COMPANY		MINIMUM VOLUME
C. COMPANY		MINIMUM VOLUME

	10. Comments	-			
		SIGNED			
ATTACHM	ATTACHMENTS: 1. COMPANY EXPERIENCE REPORTS (LAST 3 YEARS) 2. AGENCY BUSINESS PLAN				