

# HARTAN

33 WEST 60<sup>TH</sup> STREET, 6TH  
NEW YORK, NEW YORK 10023  
TEL: (212) 314-9600  
FAX: (212) 333-7372

## BROKER PROFILE

### A) GENERAL INFORMATION

Name of Firm: \_\_\_\_\_

Main Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Loc (Town, State): \_\_\_\_\_

Tel/Fax No. \_\_\_\_\_ / \_\_\_\_\_

Web Site: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Total No. of Employees \_\_\_\_\_

National Producer Number \_\_\_\_\_

FEIN # \_\_\_\_\_

### Partners or Corporate Officers

Name	Title

**B) VOLUME & MIX OF BUSINESS**

1) Total Premium Volume:

Commercial Lines	\$ _____
Personal Lines	\$ _____
Life, Health, Benefits	\$ _____
Surety Bonds	\$ _____
Other	\$ _____
Total	\$ _____

2) Do you accept business from other Retail Agents? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what % of total volume is from retailers? \_\_\_\_\_ %

3) Commercial Lines Industry Mix:

Contracting	_____ %
Entertainment	_____ %
Financial Institutions	_____ %
Manufacturing	_____ %
Municipalities	_____ %
Real Estate	_____ %
Retailing	_____ %
Service	_____ %
Wholesaling	_____ %
Other	_____ %

Please describe any other classes or specialty areas:

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**C) AGENCY MARKETING**

1) Please describe the organization's marketing structure (including names of key contacts):

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2) Please list all producers (max 10) and include their area of specialty & yrs in business:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D) MARKET PLACEMENT**

1) Please list your Top 5 markets, including approximate Commercial volume:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2) Please list all other direct Commercial markets:

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3) Please your top 3 Wholesale Brokerage markets and associated volume:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**OTHER INFO/DOCUMENTATION**

**1) Do you maintain Errors and Omissions Coverage over all officers and employees?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If “yes”, please attach a certificate of insurance issued by the carrier reflecting full details.  
If “no”, please explain.**

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**2) Do you maintain Fidelity Coverage over all officers and employees?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If “yes”, please attach a certificate of insurance issued by the carrier reflecting full details.  
If “no”, please explain.**

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**3) License Numbers and States [please attach copies]:**

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**4) Please submit a copy of the latest annual report or financial statement with this survey.**

**COMPLETED BY:**

**Signature** \_\_\_\_\_

**Print Name & Title** \_\_\_\_\_

**Date** \_\_\_\_\_