



33 West 60th Street, 6th Floor
New York, NY 10023
tel 212.314.9600
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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 _____

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:

C) AGENCY MARKETING

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

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

<hr/>	<hr/>
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<hr/>	<hr/>
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D) DIRECT MARKETS

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

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

2) Please list all other direct Commercial markets:

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.

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.

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

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

COMPLETED BY:

Signature _____

Print Name & Title _____

Date _____