

# LEVELFIRST

*An Independent Insurance Agents of Texas Company*

## AGENT PROFILE

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

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

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Number of Years in Business: \_\_\_\_\_ Number of Principals: \_\_\_\_\_

Number of Staff: \_\_\_\_\_ IIAT Member?  Yes  No

List Branch Offices:

List Staff and Email Addresses:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Should invoicing go to  main branch or  individual branches?

Note: All branch offices must be appointed separately. Each branch must submit a completed broker agreement, broker questionnaire, an agency license and evidence of E&O coverage.

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Has any member of the firm received disciplinary action by a state insurance department or had an insurance license suspended or revoked?  Yes  No

Has the firm ever had an agency contract cancelled by a company?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

.....

List states where the firm is licensed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a surplus lines broker?  Yes  No

Are you a  retail or  wholesale broker?

Total Agency Volume: Personal Lines \_\_\_%: Commercial Lines \_\_\_%:

List Top 3 Companies: 1. Premium Volume: \$ \_\_\_\_\_  
2. Premium Volume: \$ \_\_\_\_\_  
3. Premium Volume: \$ \_\_\_\_\_

Proposed Annual Volume Commitment: \$ \_\_\_\_\_

What is your target market account size: \_\_\_\$0 - \$10,000 \_\_\_\$10,000 - \$50,000 \_\_\_\$50,000 +

Is it customary for your agency to inspect or view insured risks:  Yes  No

Name of Principals' Title \_\_\_\_\_

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Name of E&O Carrier: \_\_\_\_\_

Limits: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Policy #: \_\_\_\_\_

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Please list three professional references including phone numbers)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\*\*\* Attach copies of applicable license(s) and evidence of E & O insurance.

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\*\*\* The undersigned hereby

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_