AGENCY QUESTIONNAIRE

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS	PRIMARY CONTACT:	FISCAL YEAR END:
	PHONE (A/C, No, Ext):	NATIONAL PRODUCER #:
	FAX (A/C, No):	CONTRACT #:
	E-MAIL ADDRESS:	FEIN:
	WEBSITE ADDRESS:	CITY POPULATION:
	E&O CARRIER:	EXP DATE:
	LIMITS EA CLAIM $ EA OCC $	AGGREGATE $

LEGAL ENTITY ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ SUBCHAPTER "S" CORP ☐ LLC ☐

COMPANY REQUESTING SURVEY

SEND COMPLETED SURVEY TO:

AGENCY PREMIUM / MIX OF BUSINESS SUMMARY

TOTAL PREMIUM VOLUME	PERSONAL LINES PERCENTAGE	COMMERCIAL LINES PERCENTAGE	LIFE & HEALTH PERCENTAGE
$	%	%	%
# OF AGENCY LOCATIONS	# OF AGENCY EMPLOYEES	STATES	

AGENCY PROFILE (PRINCIPALS, MANAGERS, CSRS, PRODUCERS) (Attach additional sheets if more space is required)

NAME / TITLE / E-MAIL ADDRESS	HIRE DATE	PROFESSIONAL DESIGNATIONS	LICENSE NUMBER(S)	STATE
NAME:			P&C AGENT:	
TITLE:			P&C BROKER:	
E-MAIL ADDRESS:			LIFE & HEALTH:	
NAME:			P&C AGENT:	
TITLE:			P&C BROKER:	
E-MAIL ADDRESS:			LIFE & HEALTH:	☐
NAME:			P&C AGENT:	
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	
NAME:			P&C AGENT:	
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	
NAME:			P&C AGENT:	
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	☐
NAME:			P&C AGENT:	☐
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	☐
NAME:			P&C AGENT:	☐
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	☐
NAME:			P&C AGENT:	☐
TITLE:			P&C BROKER:	☐
E-MAIL ADDRESS:			LIFE & HEALTH:	☐
NAME:			P&C AGENT:	☐
TITLE:			P&C BROKER:	
E-MAIL ADDRESS:			LIFE & HEALTH:	

AGENCY / BRANCH OFFICES

AGENCY #:	BRANCH #:	PRIMARY CONTACT:	FISCAL YEAR END:
NAME AND ADDRESS		PHONE (A/C, No, Ext):	NATIONAL PRODUCER #:
		FAX (A/C, No):	CONTRACT #:
		E-MAIL ADDRESS:	FEIN:
		WEBSITE ADDRESS:	CITY POPULATION:
		E&O CARRIER:	EXP DATE:
		LIMITS EA CLAIM $ EA OCC $	AGGREGATE $
AGENCY #:	BRANCH #:	PRIMARY CONTACT:	FISCAL YEAR END:
NAME AND ADDRESS		PHONE (A/C, No, Ext):	NATIONAL PRODUCER #:
		FAX (A/C, No):	CONTRACT #:
		E-MAIL ADDRESS:	FEIN:
		WEBSITE ADDRESS:	CITY POPULATION:
		E&O CARRIER:	EXP DATE:
		LIMITS EA CLAIM $ EA OCC $	AGGREGATE $

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AGENCY PREMIUM / MIX OF BUSINESS

COMPANY	COMMERCIAL LINES VOLUME	LOSS RATIO	INTERFACE (Check all that apply)			
			DOWN-LOAD	UP-LOAD	REAL TIME	WEB SITE
	$	%				
	$	%				
	$	%				
COMPANY	**PERSONAL LINES VOLUME**		**INTERFACE (Check all that apply)**			
			DOWN-LOAD	UP-LOAD	REAL TIME	WEB SITE
	$	%				
	$	%				
	$	%				
COMPANY	**LIFE / HEALTH VOLUME**		**INTERFACE (Check all that apply)**			
			DOWN-LOAD	UP-LOAD	REAL TIME	WEB SITE
	$	%				
	$	%				
	$	%				

TECHNOLOGY INFORMATION

AGENCY AUTOMATION SYSTEM				USER GROUP(S)		YES	NO
VENDOR NAME	MODEL (Local, ASP)	# USER WORKSTATIONS	SERVER OPERATING SYSTEM	NAME:	ACTIVE MEMBER?		
				NAME:	ACTIVE MEMBER?		
SYSTEM NAME	VERSION	MINIMUM SYSTEM SPEED	BROWSER	DO YOU PAY TECHNICAL SUPPORT?			
			BROWSER VERSION	DESCRIBE OTHER SUPPORT			
DATE LAST PATCH INSTALLED:			DATE LAST VERSION UPGRADE WAS INSTALLED:				

AGENCY AUTOMATION SYSTEM				USER GROUP(S)		YES	NO
VENDOR NAME	MODEL (Local, ASP)	# USER WORKSTATIONS	SERVER OPERATING SYSTEM	NAME:	ACTIVE MEMBER?		
				NAME:	ACTIVE MEMBER?		
SYSTEM NAME	VERSION	MINIMUM SYSTEM SPEED	BROWSER	DO YOU PAY TECHNICAL SUPPORT?			
			BROWSER VERSION	DESCRIBE OTHER SUPPORT			
DATE LAST PATCH INSTALLED:			DATE LAST VERSION UPGRADE WAS INSTALLED:				

AGENCY STAFF THAT PARTICIPATES REGULARLY IN DAY-TO-DAY USE OF AGENCY AUTOMATION SYSTEM FOR SALES AND/OR SERVICE ☐ CSRs ☐ PRODUCERS ☐ CLAIMS ☐ ACCOUNTING ☐ MANAGEMENT

TYPE OF CONNECTION TO INTERNET ☐ DSL ☐ T1 ☐ FRACTIONAL T1 ☐ CABLE ☐ DIAL-UP

RATING VENDOR NAME	RATING SYSTEM NAME
KEY AGENCY IT CONTACT(S)	**E-MAIL ADDRESS(ES)**

GENERAL INFORMATION

		YES	NO
1. DOES EVERY EMPLOYEE IN YOUR AGENCY HAVE A WORK STATION WITH ACCESS TO: PLEASE EXPLAIN "NO" RESPONSES IN REMARKS.	a) INTERNET		
	b) E-MAIL		
	c) AGENCY AUTOMATION SYSTEM		
2. DOES YOUR AGENCY INPUT POLICY AND TRANSACTIONAL DETAIL FOR ONLY SPECIFIC TYPES OF BUSINESS? IF "YES", EXPLAIN IN REMARKS.			
3. DOES YOUR AGENCY PLAN ON CHANGING YOUR AGENCY AUTOMATION SYSTEM VENDOR WITHIN THE NEXT YEAR? IF "YES", EXPLAIN IN REMARKS.			

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

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AGENCY LICENSE NUMBERS

AGENCY #	BRANCH #	AGENCY / BRANCH NAME	LICENSE NUMBER	STATE