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## Agency/Associate Profile Form

### Agency/Associate Information

*Please complete the entire form*

Agency Legal Name: \_\_\_\_\_

Agency DBA Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Legal Entity: Corporation  Individual  Partnership  Limited Liability Company

Employer Identification Number (EIN): \_\_\_\_\_

Date Agency Established? \_\_\_\_\_

Number of Principals: \_\_\_\_\_ Number of Producers: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Agency Principal** \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Primary Agency Contact (If someone other than Agency Principal)**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Agency Role** Personal Lines Manager  Commercial Lines Manager  Office Manager

Account Manager  Bookkeeper/Accountant  Producer

Other (*Please Specify Role*) \_\_\_\_\_

## General Information

E & O Carrier: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

E & O Claims? Yes  No  If Yes explain \_\_\_\_\_

Website: \_\_\_\_\_

Does your agency use Social Media? Yes  No

Agency Management System: Yes  No

Vendor Name: \_\_\_\_\_

Comparative Rater: Yes  No

Vendor Name: \_\_\_\_\_

Were you or your agency previously contracted with and Exclusive or Captive Carrier? Yes  No

If "yes", what was the name of the carrier? \_\_\_\_\_

What was your role/title in the agency? \_\_\_\_\_

When will the contract with this carrier terminate? \_\_\_\_\_

Does your Agency currently have access to Preferred Insurance Carriers? Yes  No

If yes, who provides access? \_\_\_\_\_

Do you have more than one location? Yes  No  If so, how many? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your Agency owned or affiliated with an Insurance Company, Bank/Credit Union, Real Estate Firm, Wholesaler, Retailer or Aggregator, Cluster or Network?

Yes  No  If "yes", who? \_\_\_\_\_

Do you have a Perpetuation Plan? Yes  No  If Yes, please provide a brief detail: \_\_\_\_\_

How did you hear about **IAN**? Phone Call  Internet  Advertisement  Referral  Other

Why do/did you want to Associate with **IAN**? Insurance Carrier/Market Access  Increased Revenue

Improved Agency Operations  Sales, Marketing and Support  Other \_\_\_\_\_

## Book of Business Information

### Total Agency Book of Business (prior year end written premiums)

Total DWP	Personal Lines	Commercial Lines	Workers Comp	Life & Health

### Top Agency Carriers (prior year end written premium)

Carrier	Personal Lines	Commercial Lines	Workers Comp	Loss Ratio	Retention

### Book of Business Recap

Lines of Business	New Quotes Per Month	New Business Per Month	Annual Growth Rate	Average Premium
Personal Lines				
Businessowners				
Commercial Lines				
Workers Compensation				
Agribusiness/Farm				
Life & Health				

Do you have a niche or specialty market? Yes  No

Restaurants  Contractors  Automotive  Retail  Hotel/Motels  Habitational

Wholesaler/Distributors  Service Industry  Professional Offices  Agribusiness/Farm

Other please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_