



# Aggregation Consideration Checklist

## Agreement

<b>Ownership of business or agency</b>	Yes	No	
<b>Name on the policies issued</b>			
Associate/Member Agency	Yes	No	
Aggregator, Cluster or Network	Yes	No	
<b>Access to Insurance Carriers</b>			
Direct by Associate/Member	Yes	No	
Aggregator, Cluster or Network	Yes	No	
<b>Association/Membership Requirements</b>			<b>Amount</b>
Direct Written Premium	Yes	No	\$ _____
Other Organization Membership	Yes	No	
<b>Initial Association/Membership Fee</b>			<b>Amount</b>
Paid in Full	Yes	No	\$ _____
Payment Structure	Yes	No	
<b>Monthly Association/Membership Fee</b>			\$ _____
Fee Amount Capped Annually	Yes	No	
<b>Basis of Association/Membership Fees</b>	_____		
<b>Termination of association/membership</b>			
Notice Required	Yes	No	
Length of Time	_____ Days	_____ Months	_____ Years
Penalties/Payments	Yes	No	
Amount/Percentage	\$ _____	_____ %	
Future Restrictions	Yes	No	
Length of Time	_____ Days	_____ Months	_____ Years



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## Revenue

<b>Commission Amount Paid</b>	<b>New Business</b>	<b>Renewal</b>
Personal Lines	_____ %	_____ %
Commercial Lines	_____ %	_____ %
Workers Compensation	_____ %	_____ %
Life and Health	_____ %	_____ %

### Commission Payments

Direct to Associate/Member	Yes	No
Aggregator, Cluster or Network	Yes	No

Frequency	Monthly	Quarterly	Annual
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### Bonus Commissions Paid

	Yes	No	<b>Associate/Member</b>
New Business	Yes	No	_____ %
Growth	Yes	No	_____ %
Retention	Yes	No	_____ %

### Profit Share/Contingencies

	Yes	No	<b>Associate/Member</b>
Personal Lines			_____ %
Commercial Lines			_____ %
Payment Due Date	_____		

### Production Level Requirements

	Yes	No	<b>Amount</b>
Insurance Carriers	Yes	No	\$ _____
Aggregator, Cluster or Network	Yes	No	\$ _____

### Loss Ratio Requirements

	Yes	No	<b>Percentage</b>
Insurance Carriers	Yes	No	_____ %
Aggregator, Cluster or Network	Yes	No	_____ %



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## Agency Development

### Insurance Carrier/Market Access

National Carriers	Yes	No
Regional Carriers	Yes	No
Specialty Carriers	Yes	No
Wholesalers/General Agents	Yes	No

### Agency Operations

Increased Revenue	Yes	No
Improved Procedures and Processes	Yes	No
Technology Vendors	Yes	No
Technology Management	Yes	No
Group E & O Insurance	Yes	No

### Sales, Marketing and Support

Technology Vendors	Yes	No
Lead Generation	Yes	No
Advertising	Yes	No
Co Op Reimbursement	Yes	No
Special Carrier Programs	Yes	No
Producer Development	Yes	No
WebEx Seminars	Yes	No
Perpetuation Support/Planning	Yes	No
Premium Finance Services	Yes	No
Associate/Member Meetings	Yes	No