

Allied Insurance Brokers, Inc.
Producer Profile
Confidential

Legal Name of Organization:

DBA (if different):

Current Mailing Address:

Current Street Address:

Phone #: _____
Fax # : _____
Watts Line: _____
Federal ID #: _____

Add'l Phone: _____
Add'l Fax : _____
Night #: _____
Year Established: _____

Select One:

Business Entity Corporation Partnership Sole Proprietorship

We are a single multi location entity. If accounting is conducted at an address other than the above mailing address please provide address: _____

Premium Volume (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Under \$1,000,000 | <input type="checkbox"/> \$5,000,000 - \$10,000,000 |
| <input type="checkbox"/> \$1,000,000 - \$2,500,000 | <input type="checkbox"/> \$10,000,000 - \$20,000,000 |
| <input type="checkbox"/> \$2,500,000 - \$5,000,000 | <input type="checkbox"/> Over \$20,000,000 |

Would you describe your business to be: _____ % Commercial

_____ % Personal

Macintosh

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Check specialty programs or areas of coverage in which you presently participate:

- | | | |
|---|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> D&O/E&O | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Liquor Liability |
| <input type="checkbox"/> Auto Physical
Damage | <input type="checkbox"/> Clubs &
Restaurants | <input type="checkbox"/> Professional
Liability |
| <input type="checkbox"/> Apartments
Premium Volume:
_____ | <input type="checkbox"/> Churches
Premium Volume:
_____ | |

Other Areas of Special Interest

Does your Agency have E & O coverage? Yes No

Carrier: _____

Policy Number: _____

E&O Limits: _____ Deductible: _____

Expiration Date: ____/____/____

NOTE: Please attach copy of your E & O policy Declarations page.

NOTE: Please attach a copy of your Broker's License.

Agency Personnel

Note: please attach list if more space is needed.

CEO/President: _____

Financial Officer: _____

Marketing Director: _____

Designated Coordinator: _____

Accounts Payable Contact: _____

We have a Commercial Lines Marketing Department: Yes No

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Our producers market their own accounts: Yes No

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Marketing

List your top three companies and wholesale brokers:

Companies

Wholesale Brokers

_____	_____
_____	_____
_____	_____

Plans and Communications

Which of the following associations are you currently a member of?

- Big "I" PIA AAMGA NAIB WAIB

Others: _____

In the next five years, do you plan: *(check all that apply)*

- Internal Growth Merge Acquire New Agencies Sell or Retire

Prepared by: _____

Date: ____/____/____