



AGENCY PROFILE

Agency Information

Agency Name: _____ Ph: _____

Agcy Address: _____ Fax: _____

Principal's Name: _____ E-mail: _____

Premium Finance Contact Name: _____ E-mail: _____

E&O Info: Carrier: _____ Limits: _____ Bond Limits: _____

Satellite Offices: _____

Associations: _____

Agency Personnel

of Agency Principals: _____ # of Employees: _____ # of CSRs: _____

Commercial Producers: _____ Are all Producers Licensed: (Yes) (No) *Yes*

Commercial Lines Carriers - Top 3 Commercial P&C Carriers Represented by the Agency

Company Name: _____ Contract: (Yes) (No) *Yes*

Company Volume: _____ Years Represented: _____

Company Name: _____ Contract: (Yes) (No)

Company Volume: _____ Years Represented: _____

Company Name: _____ Contract: (Yes) (No)

Company Volume: _____ Years Represented: _____

Premium Finance Profile

# of Finance Contracts/Yr	Est. Financed Premiums/Yr	How do You Choose a Financing Partner? Please Rank 1-4 (1 = highest, 4 = lowest)		How Do You Prefer to Receive Notices and Bulletins?
1 - 10 <input type="checkbox"/>	\$0 - 100K <input type="checkbox"/>	Service / Relationship	_____	Fax / E-Mail (circle one)
11 - 25 <input type="checkbox"/>	\$100 - 500K <input type="checkbox"/>	Interest Rates	_____	Commercial Fax #: _____
26 - 50 <input type="checkbox"/>	\$500K - 1M <input type="checkbox"/>	Ease of Use / Technology	_____	Primary E-Mail: _____
51+ <input type="checkbox"/>	\$1M + <input type="checkbox"/>	Term Flexibility	_____	

Please rank us as a finance partner? (1=lowest, 5=highest) _____ Comments: _____

Technology Profile

Agency Mgmt System

AMS Prime:

AMS Sagitta:

AMS 360 AfW:

DORIS:

Applied Systems:

TAM / TAM Online:

XDTI / Nexsure:

ebixASP:

Network Structure

Internet Connectivity: DSL / Dial-Up (circle one)

of Remote Offices: _____

Connection Type: Dedicated / VPN / Terminal

Operating System: _____

Website

Web Address: _____

May we provide a link to your site? Yes No

Technology Contacts

Primary: _____

E-Mail: _____

Phone: _____

Alternate: _____

E-Mail: _____

Phone: _____

Field Representative Notes

PFS-PFC Customer? (Yes) (No) Using Competitor? (Yes) (No) If Yes, Who? _____

Does Agcy Use Multiple Companies? (Yes) (No) What Determines Use? _____

Has Agency Changed Ownership? (Yes) (No) When? _____ Has Management Changed? (Yes) (No) When? _____

Does Agency Need Training? (Yes) (No) Does Agcy Need Integration? (Yes) (No)

Primary E&S Markets: _____

Agent is: Active Semi-Active Inactive Needs Relationship Management

Notes: _____

Referrals: _____

Changes / Verification of Information

All pre-filled Agency information is correct

Please change our information as follows:

USE WHITE SPACE TO MAKE NECESSARY CHANGES

Approved By: _____

Date: _____

PFS-PFC Use Only

Date Received: _____

Agent ID: _____

Entered By: _____

Date: _____