AGENCY INFORMATION

Agency Legal Name: _____

DBA Name: _____

Mailing Address: _____

☐ Physical Same as Mailing

Physical Address (if different): _____

Phone Number: _____ **Fax Number**: _____

Website: _____

What lines of business do you write in your agency?
(*Select all that apply*)

- ☐ Commercial P&C
- ☐ Professional Liability
- ☐ Personal Lines
- ☐ Commercial Transportation
- ☐ Garage
- ☐ Other: _____
  (*Please specify*)

Provide a Breakdown of Agency Business Mix:

Personal Lines: _____% Commercial P&C: _____% Professional Liability: _____%

Commercial Auto: _____% Garage: _____%

How often do you like to hear from a Marketing Rep?

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

How do you prefer to receive communication from Marketing? *(all that apply)*

☐ Email ☐ Phone ☐ Zoom-Meeting ☐ In-Person Visit

Are you a part of any Aggregators, Groups or Trade Associations?
(Please list all):

_____

_____

Would you like IVANS Downloads to your management system?

☐ Yes ☐ No

If Yes:
Y-Account Number: _____
IVANS User ID: _____
Agency Management System: _____

Would you like to sign up for ACH Direct Deposit? *(For return commissions or premiums only)*

☐ Yes ☐ No

Key Contacts:

Owner: _____ Email: _____

Please specify below any agency contacts you would like us to note for the following.
***Note: You do not have to specify anyone in these spaces*

Marketing Contact: _____ Email: _____
Accounting: _____ Email: _____
E-Document Delivery: _____ Email: _____
Renewals: _____ Email: _____

List all Employee Contacts:

Name	Title	Email Address	Direct Phone Number / Ext	Birthday

Additional Employee Contacts

Name	Title	Email Address	Direct Phone Number/ Ext	Birthday