



**AGENCY INFORMATION**

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

Legal Name (if different from above): \_\_\_\_\_

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

Main Office Physical Address (If Different):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If Multiple Locations, Complete on Next Page*

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 Auto       Garage       Workers Comp

Other: \_\_\_\_\_

*(Please specify)*

**Provide a Breakdown of Agency Business Mix:**

Commercial P&C \_\_\_\_\_ %      Professional Liability \_\_\_\_\_%      Personal Lines \_\_\_\_\_%

Commercial Auto \_\_\_\_\_%      Garage \_\_\_\_\_ %      Workers Comp \_\_\_\_\_%

Other \_\_\_\_\_%

**Total E&S Premium Written: \$**\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



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**Key Contacts:**

Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Please specify below any agency contacts you would like for the following.

*\*Note: If no one is specified, we will send correspondence to the individual contact on each file.*

Accounting: \_\_\_\_\_ Email: \_\_\_\_\_

E-Document Delivery: \_\_\_\_\_ Email: \_\_\_\_\_

Renewals: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Marketing:**

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

- Monthly       Quarterly       Sem-Annual       Annual

How do you prefer for Marketing to connect with you? (Select all that apply)

- Email       Phone       Zoom-Meeting       In-Person Visit

**If Applicable:**

Additional Physical Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Physical Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_



**Employee Contacts:**

List all employees who need a login for our website (My Portal, Quoters, Applications, Make Payments, etc).

Name	Email Address	Role (Select all that apply)	Direct Phone Number / Ext	Birthday	Location
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____
		Comm P&C    Pers. Lines Auto/Garage    Work Comp Other:			Main Office    Remote Other: _____



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