JACKSON SUMNER
AND ASSOCIATES

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: _____

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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 / 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: ______
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		☐ 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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