



**Full Service
Insurance Agency**

AGENT PROFILE

Principal / Owner / Partner: _____ SS#: _____

Principal / Owner / Partner: _____ SS#: _____

Principal / Owner / Partner: _____ SS#: _____

Principal / Owner / Partner: _____ SS#: _____

Agency Name: _____ EIN#: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

Owner Email: _____ Partner Email: _____

Partner Email: _____ Partner Email: _____

PL Email: _____ CL Email: _____

Year Agency Was Established: _____ # Yrs PL Experience (Owner): _____ #Yrs CL Experience (Owner): _____

Was Owner "Captive" Within Last 3 Years? Yes No Please Explain: _____

Existing PL Written Premium \$ _____ Existing CL Written Premium \$ _____

Are you interested in writing L&H through your GA Appointment? Yes No

What other MGAs do you currently use? _____

What other Carrier appointments do you currently have? _____

Who do you currently use for homes? _____

Who do you currently use for auto? _____



Please indicate whether you would like to learn more about:

1. FSIA's Exclusive Branch Opportunity	Yes	Not at this time
2. Agency Management System	Yes	Not at this time
3. PL Comparative Rating System	Yes	Not at this time