

CaitlinMorgan

INSURANCE SERVICES

Exceeding Expectations

Agency Profile

CMI Rep _____

Agency Name: _____

Agency Address: _____

Mailing Address: _____

Other Locations (attach separate sheet for each): _____ Yes _____ No

Agency Contact Person: _____ Email Address: _____

Telephone No.: _____ Fax No.: _____ Website: _____

F.E.I.N.: _____ Entity: _____ W-9: _____

Agency License No. (attach copy): _____ State: _____

E&O Carrier: _____ Exp: _____ Limits: _____ Ded: _____
(attach copy of Declarations Page)

Accounting Contact Person: _____ Email: _____

Personnel: (attach a list of personnel, titles, email addresses, direct line/ext)

Business Niche/Target Classes: _____

Alternative Risk Needs: _____

Clients Considering Alternative Market: _____

Companies Represented & Premium Volume

Brokers/Wholesalers used: _____ No. of Producers: _____

Total Agency Volume: _____ Total Revenue: _____