



## Jimcor Agencies Confidential Producer Profile

Agency Name \_\_\_\_\_ Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date Agency Established \_\_\_\_\_

Agency Principal \_\_\_\_\_ Title \_\_\_\_\_ Email address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Brokers License# \_\_\_\_\_

E&O Carrier: \_\_\_\_\_

E&O Limits: \_\_\_\_\_ E&O Deductible: \_\_\_\_\_ E&O Exp. Date: \_\_\_\_\_

List the States in which you are licensed to do business: \_\_\_\_\_

Email Addresses for all Principals, Producers & CSR's (attach contact list if available or list here):

<u>Name</u>	<u>Title</u>	<u>E-Mail</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Jimcor Agencies \_\_\_\_\_

Are you primarily a property & casualty agency?  Yes  No

Do you have any other locations?  Yes  No

If yes, locations \_\_\_\_\_

What Agency Management system do you use? \_\_\_\_\_  
 What type of business does your agency primarily handle? (Example: Contractors, Habitational, Daycares, Restaurants, Personal Auto, specific niche and/or Program, etc.): \_\_\_\_\_

What is your agencies premium volume? (Please check one)

<input type="checkbox"/> Under \$1,000,000	<input type="checkbox"/> \$5,000,000 - \$10,000,000
<input type="checkbox"/> \$1,000,000 - \$2,500,000	<input type="checkbox"/> \$10,000,000 - \$20,000,000
<input type="checkbox"/> \$1,000,000 - \$5,000,000	<input type="checkbox"/> Over \$20,000,000



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What are the percentages for your mix of business? ( ) Personal ( ) Commercial

What are the percentages of Personal and Commercial Lines?

Personal Lines

Commercial Lines

Standard Homeowners \_\_\_\_\_ %  
 High Value Homeowners \_\_\_\_\_ %  
 Personal Umbrella \_\_\_\_\_ %  
 Personal Watercraft \_\_\_\_\_ %  
 Inland Marine \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

General Liability \_\_\_\_\_ %  
 Professional Coverages \_\_\_\_\_ %  
 Commercial Umbrella \_\_\_\_\_ %  
 Commercial Property \_\_\_\_\_ %  
 Inland Marine \_\_\_\_\_ %  
 Commercial Auto \_\_\_\_\_ %

Name of Insurance Carriers your agency has a direct appointment to represent: Length of representation:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

What other Wholesalers do you currently use?

What type of business do you use them for?

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Which of the following associations are you currently a member?

( ) PIA ( ) CIB ( ) IIA ( ) MAIA ( ) IIAB

( ) Others: \_\_\_\_\_

**Please attach a copy of your current licenses**

**Please attach a copy of your E & O policy DEC sheet or certificate of insurance**

In accordance with FCC Regulations we are not allowed to send you valuable marketing information from Jimcor via fax and email without your permission. By signing below it is understood that you have given Jimcor permission to send you information via fax and email.

\_\_\_\_\_  
 Signature of agency owner, principal, partner or officer Date

Please fax back to your local Jimcor Branch or to our corporate offices

Reviewed and approved by: _____ <div style="text-align: center;">Jimcor representative</div>	Date: _____
Correspondent's Agreement Sent - <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____