



AGENCY PROFILE

Demographic Information

Agency name _____

Business address _____

City _____ State _____ Zip code _____

If business address is P.O. Box, list street address _____

Additional agency locations _____

Business phone _____ Fax _____ TaxID # _____

Email _____ License # _____

Contact person/Title _____

Current owner(s) years in business _____ Year agency was established _____ Website _____

Ownership (Include all Owners, Officers and Partners. Please attach a separate chart, if necessary)

1) Name _____ Title _____ % Ownership _____

2) Name _____ Title _____ % Ownership _____

3) Name _____ Title _____ % Ownership _____

References (Please include Direct Carrier Appointments)

1) Full name of company/General agent _____ City/State _____
Contact name _____ Phone # _____ Email _____

2) Full name of company/General agent _____ City/State _____
Contact Name _____ Phone # _____ Email _____

3) Full name of company/General agent _____ City/State _____
Contact name _____ Phone # _____ Email _____

4) Full name of company/General agent _____ City/State _____
Contact name _____ Phone # _____ Email _____

Operations

States licensed: _____

Total P&C volume _____ % Personal _____ % Commercial _____

Annual premium volume financed _____ Average size account _____ Number of contracts _____

Type of coverage financed _____

Concentration in any industry(ies) _____

Current premium finance vendor _____

Current memberships (IIA, PIA, other) _____

Is your agency part of a cluster group? No Yes Name _____

Agency Management System currently used _____

What is your funding preference? Pay carriers/GA/broker direct Pay agency direct

Total number of employees _____

What brought you to Imperial PFS®? _____

Authorized signature _____ Date _____

Title _____

The information contained herein is released to Imperial PFS, and Imperial PFS is authorized to use and verify the accuracy of such information, and to check business references set forth above.