



AGENCY PROFILE



Return completed form to:
Hank Knight | hank.knight@ipfs.com | 443.613.4820

FIRMOGRAPHICS

Legal agency name: _____

Business address: _____

City: _____ State: _____ Zip code: _____

If business address is a P.O, box, please list street address: _____

Business phone: _____ Fax: _____ Email: _____

Website: _____

Contact name: _____ Title: _____

Current premium finance vendor(s): _____

AGENCY OPERATIONS

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

If less than three, please elaborate: _____

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

Annual premium volume financed: _____ Average units financed: _____

Most frequently financed coverage(s): _____

Concentration in any industry(ies): _____

Agency decision maker(s): _____

Agency principal(s): _____

Reason for paying agency direct: _____ State(s) licensed: _____

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: _____