

Broker Profile

Name of Broker: _____ Year Established: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Website address (if applicable): _____

CONTACTS:

Principal (name, phone number and email): _____

Accounting (name, phone number and email): _____

CSR's/Underwriting: (name, phone number and email): _____

	Business Mix %	Premium Volume	Commission %	States writing in	Companies Represented	Average Firm Size and/or Number of Firms
Commercial	%	\$				
Professional	%	\$				
<i>Lawyers PL</i>						
<i>Med Mal</i>						
<i>Architects</i>						
<i>Accountants</i>						
<i>Other:</i>						
Personal	%	\$				
Life, A & H	%	\$				
TOTAL	%	\$				

1. Does your agency operate as a Wholesaler, Retailer, MGA with Binding Authority or Combination?
 _____ % Wholesale _____ % Retail _____ % MGA Binding Authority
2. Does your agency hold an E & S license? Yes No
3. Do you generate sub-produced business? Yes No (If "Yes," please explain on a separate sheet of paper).
4. Do you have an exclusive agreement or have underwriting authority on behalf of another Lawyers Professional Liability carrier? Yes No
5. Has any member of your Agency received any action by a State Insurance Department or other regulatory Agency?
 Yes No (If "Yes," please explain on a separate sheet of paper).
6. Is there any pending or threatened litigation or judgments within the past five (5) years against any of your Brokers, Agents or any of the Principals? Yes No (If "Yes," please explain on a separate sheet of paper).

***Please attach completed Brokerage Agreement, W9, Agency license, Agent (producer) license and E&O certificate with Broker Profile.**