



SALES NAME \_\_\_\_\_ SALES ID \_\_\_\_\_

## Producer Profile

### INFORMATION ABOUT YOUR BUSINESS - Please print or type all information

AGENCY NAME \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 IF BUSINESS ADDRESS IS P.O. BOX, LIST STREET ADDRESS \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ FAX # \_\_\_\_\_ TAX ID # \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ LICENSE # \_\_\_\_\_  
 CONTACT PERSON / TITLE \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_  
 MEMBERSHIP (IIA, PIA, OTHER) \_\_\_\_\_

### OWNERSHIP - Include all owners, officers and partners. Attach separate sheet if necessary.

1) NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_  
 2) NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_  
 3) NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

### MARKET REFERENCES

FULL NAME OF COMPANY / GENERAL AGENT	CITY	STATE	PHONE	CONTACT

### OPERATIONS

TOTAL P&C VOLUME \_\_\_\_\_ % PERSONAL \_\_\_\_\_ % COMMERCIAL \_\_\_\_\_  
 ESTIMATE FINANCE VOLUME \_\_\_\_\_ TYPE OF INSUREDS \_\_\_\_\_  
 IS YOUR AGENCY PART OF A CLUSTER GROUP?  NO  YES - NAME \_\_\_\_\_  
 PRESENT FINANCE FACILITY \_\_\_\_\_ WHAT BROUGHT YOU TO PFS \_\_\_\_\_  
 AGENCY MANAGEMENT SYSTEM USED \_\_\_\_\_ INTERNET ACCESS  YES  NO  
 FUNDING PREFERENCE:  PAY CARRIERS/GENERAL AGENTS/BROKERS DIRECT  
 OR  
 FUNDING AGENCY PREFERENCE:  CHECK  DRAFT - REGULAR OR WEB  ACH / WIRE (PLEASE COMPLETE AUTHORIZATION FORM)

### CREDIT INFORMATION

RECOMMENDED RATE \_\_\_\_\_ RECOMMENDED TERMS \_\_\_\_\_  
 APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_  
 COMMENTS \_\_\_\_\_