



Retail Agency Profile Form

Agency Name _____

Entity Name (if agency name is a trade name or "dba")

Year Established (if less than 3 years, provide resumes on key personnel) _____

Mailing Address _____

Physical Address _____

Phone # _____ Fax # _____ Web Site Address _____

Tax ID # _____

Agency is: sole proprietorship partnership corporation LLC LLP LP

Agency Affiliations or Parent Entity (banks, other agencies, etc) _____

Former Names or Previous Addresses (last 5 years)

Number of Employees (excluding principals and producers) _____

Number of Licensed Producers _____

Number of Branch Offices (list addresses on separate sheet) _____

Agency Principals:

1. Name _____ Title _____

of years with agency _____ E-mail _____

2. Name _____ Title _____

of years with agency _____ E-mail _____

**If more than 2, list on a separate sheet.

Other Key Personnel:

1. Name _____ Title _____
of years with agency _____ E-mail _____
2. Name _____ Title _____
of years with agency _____ E-mail _____

**If more than 2, list on a separate sheet.

License(s) held by sole proprietor or agency entity:

Type _____ License # _____

Type _____ License # _____

Type _____ License # _____

Breakdown of Agency Revenue:

Commercial Lines _____ Personal Lines _____

Life & Health _____ Other (specify) _____

Total Agency P&C Premium Volume:

Current Year _____ Last Year _____ Previous Year _____

Percentage of Premium Written Through Wholesalers _____

Describe Specialty in Any Areas _____

Membership in Trade Organizations IIAT Other (specify) _____

Five Largest Insurance Companies Represented:

Name _____ How Long? _____

Name _____ How Long? _____

Name _____ How Long? _____

Name _____ How Long? _____

Name _____ How Long? _____

Other Wholesalers Contracted With:

Name _____ How Long? _____

Name _____ How Long? _____

Name _____ How Long? _____

Name _____ How Long? _____

Attach:

Copy of E&O Policy or Certificate

Copy of P&C License for Sole Proprietor or Agency Entity



RSI INTERNAIONAL

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