



## 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



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