



# AGENCY PROFILE

Return completed form to:

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## 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: \_\_\_\_\_