



AGENCY PROFILE

Agency Name: _____

Federal Employer ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Date Business Commenced: _____

Agency Is: Individual _____ Partnership _____ Corporation _____ Other _____

List all Licensed Agents in your Agency:

Name	D.O.B.	Home Address	SS#	Date Licensed

Agency Stockholder Information:

Name of Stockholder	Home Address	% of Stock Held

Bank References:

Name of Bank	Branch Address	Type of Account

Agency Accounting Email Address: _____

Does your agency have Errors & Omissions Insurance Coverage?: Yes _____ No _____

Provide the name of the insurance carrier: _____

Policy Limits: _____ Policy Expiration Date: _____

Agency Premium Volume & Breakdown:

Total Agency Premium	\$
Commercial Lines %	%
Personal Lines %	%
Excess & Surplus Lines %	%

Standard Insurance Carriers Currently Licensed with your Agency:

Company	Date Licensed

Have you ever been cancelled by a wholesaler or finance company? If yes, please provide explain:

Company	Reason

What lines of business, industries, and target markets are you interested in placing with Special Risks?:

Line of Business:	Target Markets/Industries:
Property & Casualty	Cannabis, Hemp, Marijuana
Professional/E&O	Construction & Contractors
Directors & Officers	Energy, Oil & Gas
Employment Practices Liability	Environmental Risks
Cyber/Data Security	Healthcare & Social Services
Transportation (Trucking & Public Auto)	Financial Services
Garage	Hospitality (Hotels, Motels, Bars, Restaurants)
Liquor Liability	Manufacturers, Distributors (Products)
Excess & Umbrella	Professional Services & Consulting
Workers Compensation	Real Estate & Habitational
Personal Lines	Other (describe):
Other (describe):	Other (describe):

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____