

AGENCY PROFILE



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Demographic Information

Agency Name _____
Business Address _____
City _____ State _____ Zip Code _____
If Business Address is P.O. Box, List Street Address _____
Additional Agency Locations _____
Business Phone _____ Fax _____ Tax ID # _____
E-Mail _____ License # _____
Contact Person/Title _____
Current Owner(s) Years in Business _____ Year Agency Established _____

Ownership (Include all Owners, Officers and Partners. Please attach a separate chart, if necessary)

1) Name _____ Title _____ % Ownership _____
2) Name _____ Title _____ % Ownership _____
3) Name _____ Title _____ % Ownership _____

References (Please include Direct Carrier Appointments)

1) Full Name of Company/General Agent _____ City/State _____
Contact Name _____ Phone # _____ E-Mail _____
2) Full Name of Company/General Agent _____ City/State _____
Contact Name _____ Phone # _____ E-Mail _____
3) Full Name of Company/General Agent _____ City/State _____
Contact Name _____ Phone # _____ E-Mail _____
4) Full Name of Company/General Agent _____ City/State _____
Contact Name _____ Phone # _____ E-Mail _____

Operations

Total P&C Volume _____ % Personal _____ % Commercial _____
Annual Premium Volume Financed _____ Average Size Account _____
Type of Coverage Financed _____
Concentration in any Industry(ies) _____
Current Premium Financing Vendor _____
Current Memberships (IIA, PIA, other) _____
Is Your Agency Part of a Cluster Group No Yes Name _____
Agency Management System Currently used _____
What is Your Funding Preference: Pay Carriers/GA/Broker Direct Pay Agency Direct
Total Number of Employees _____
What Brought You to Imperial PFS? _____

Authorized Signature _____ Date _____
Title _____

The information contained herein is released to Imperial PFS, and Imperial PFS is authorized to use and verify the accuracy of such information, and to check business references set forth above.



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