



**Agency Profile Application**

Agency Name: _____	Date agency was established: _____
DBA: _____	Contact Person: _____
Federal Tax ID #: _____	Telephone Number: _____
Structure: Corporation    LLC    LLP	Website: _____
Partnership        Sole Proprietorship	Number of currently active employees: ____
Physical Address: _____	Mailing Address: _____
_____	_____
_____	_____

Please advise the names and titles of your agency's personnel, including principals and partners:

<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>

**Accounting Information**

Contact Person: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Marketing Information**

Contact Person: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

With whom should we schedule appointments to visit your agency? \_\_\_\_\_

Are you affiliated with any other agency or organization? If so, who? \_\_\_\_\_

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Please list the states in which your agency and/pr individuals in your office hold resident, non-resident surplus lines licensure and provide the assigned number for each license (please attach a separate list if necessary). Please attach copies of your licenses.

State:	License #:	Type of License:

Please break down your agency's premium volume:

Commerical Lines: \$ \_\_\_\_\_  
 Personal Lines: \$ \_\_\_\_\_  
 Life & Health: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

Please break down your agency's professional liability premium volume.

E&O: \$ \_\_\_\_\_  
 D&O \$ \_\_\_\_\_  
 EPL: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

Does your agency specialize in any certain areas: If so, what are they?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Provide the Standard Lines Carriers your agency represents

Carrier Name:	City & State:

Please provide the E&S/Wholesale Brokers/MGAs your agency represents.

Name:	City & State:

\*\*\*Please provide a certificate of your agency's E&O insurance for our file.\*\*\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Title Date

**Please email your completed application to: @prolines.com**