

Client Profile Form

Name: _____

Trade Operating Name: _____

Business Entity Type: _____ If other: _____

Mailing Information

Address:	_____		
City:	_____		
State:	_____	Zip:	_____
Physical Address	Check if same:	<input type="checkbox"/>	
Address:	_____		
City:	_____		
State:	_____	Zip:	_____

Contact Information

<u>Primary Contact</u>	<u>Transportation Contact</u>
Name: _____	Name: _____
Title: _____	Title: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
<u>Professional Lines Contact</u>	<u>P&C Contact</u>
Name: _____	Name: _____
Title: _____	Title: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Agency Overview

Website:	_____		
Date Established:	_____		
Cluster / Aggregator Affiliation:	_____		
Total Employees:	_____	CSR's:	_____
		Producers:	_____

Client Profile Form (con't)

Volume

Total written premium volume last three years		Approximate breakdown of written premium last year:	
Year: _____	\$: _____	Personal: ___%	Fidelity: ___%
Year: _____	\$: _____	Commercial: ___%	Other: ___%
Year: _____	\$: _____	Life & Health: ___%	

Companies

Top Standard Lines Carriers (by premium)	
Insurer: _____	Premium: \$ _____
Insurer: _____	Premium: \$ _____
Insurer: _____	Premium: \$ _____
Top Existing Wholesalers (by premium)	
Wholesaler: _____	Premium: \$ _____
Wholesaler: _____	Premium: \$ _____
Wholesaler: _____	Premium: \$ _____
Total E&S Premium: \$ _____	

Affiliations

Please list memberships of any industry organizations:

Disciplinary Actions

Has your agency or any of the principals of your agency been involved in a lawsuit, disciplinary action, arbitration or mediation with any insurance company or state agency?

Yes No If Yes, please explain:

Those seeking an appointment with Russell Bond should return this completed profile along with Errors & Omissions dec page and applicable business entity licenses to info@RussellBond.com.