



AGENCY/BROKER UPDATE AND PROSPECT FORM

1. Agency Name _____ Fed. I.D. # _____
 Address _____ City _____ State _____ Zip _____
 Business phone/area code _____ Fax _____

2. Type of enterprise Individual Partnership Corporation Other

3. Bank reference _____

4. List key agency personnel for personal lines-Property/Casualty

Name _____ **Title** _____ **SS#** _____

Agent License # _____ Yrs. of experience _____ Product lines handled _____

Name _____ **Title** _____ **SS#** _____

Agent License # _____ Yrs. of experience _____ Product lines handled _____

Name _____ **Title** _____ **SS#** _____

Agent License # _____ Yrs. of experience _____ Product lines handled _____

Name _____ **Title** _____ **SS#** _____

Agent License # _____ Yrs. of experience _____ Product lines handled _____

Name _____ **Title** _____ **SS#** _____

Agent License # _____ Yrs. of experience _____ Product lines handled _____

5. What Inland/Safe/AIS information and materials do you have?

Who is your primary contact person for us? _____

6. Is your agency familiar with any of the following Safe/Inland products and underwriting philosophy? yes no
 If assistance is needed on any of the product lines shown, please check the box.

Mobile Home

Dwelling Fire - owner
 - tenant
 - vacant

SPHO-8
 Renter's Contents

Commercial Fire

Miscellaneous Casualty

Do your agents understand Actual Cash Value coverage as opposed to Replacement Value coverage, and how to estimate approximate ACV of property? yes no

7. Does your agency have a need for AIS premium financing availability for Inland/Safe as well as other carriers? yes no

(over)

8. How did your agency hear about Inland, Safe, or AIS? _____
9. What Company(ies) if any, will Inland/Safe/AIS replace or supplement? _____
10. Does your agency accept brokerage from others, or countersign for others? yes no
11. Have any agents in your office ever been subject to disciplinary action by an insurance regulator? yes no
12. **WHO IS YOUR E & O CARRIER** _____ (attach a copy of current E & O Declarations Page)
ANY E & O LOSSES IN THE LAST 5 YEARS? YES* NO (*IF YES, ATTACH WRITTEN EXPLANATION)
13. What is your agency's total estimate annual premium volume (excluding life, A&H and disability)? \$ _____
 With personal lines being _____% of total volume.
14. List major companies in the agency, length of time represented, approximate written premium volume, incurred losses or loss ratio or if appropriate, mention any comments regarding shock or natural catastrophe caused losses:

Company	Date Appt.	Premiums & Losses 20____			Premiums & Losses 20____			Premiums & Losses 20____		
		W/P	ER/P	Losses \$ or Ratio	W/P	ER/P	Losses \$ or Ratio	W/P	ER/P	Losses \$ or Ratio

15. What % of your new personal line business is – Walk in _____% Call in _____% Agency solicitation _____%
16. Do you normally inspect property structures prior to writing or suggesting property value yes no or... use customer photo or customer's value concept? yes no
17. Is agent/broker familiar with Inland/Safe contingent commission program? yes no.
18. Is agent/broker familiar with Inland/Safe or AIS binding procedures and limitations? yes no
19. List professional organization involvements _____

Signature of agency principal

Date