



PRODUCER #: _____

P.O. BOX 792030

SAN ANTONIO, TEXAS 78279-2030

210/342-9421

FAX 210/340-4075

www.quirkco.com

PRODUCER PROFILE

General Information

Agency Name: _____

Entity Name (if agency name is a trade name or "dba"): _____

Agency Affiliations or Parent Entity (banks, other agencies, etc.): _____

Number of Branch Offices (list addresses and contact information on a separate sheet): _____

Mailing Address: _____ Physical Address: _____

Phone: _____ Fax: _____ FEIN: _____

TX Corp. Lic. ID#: _____ Web Site Address: _____

Agency is: sole proprietorship partnership corporation LLC LLP LP

Former Names or Previous Addresses (last five years): _____

Personnel (Attach Personnel Roster)

Number of Licensed **P&C** Producers and CSRs: _____

Agency Principals (if more than two, list on a separate sheet):

1. Name: _____ Title: _____

of years with Agency: _____ E-mail: _____

License # and Type: _____

2. Name: _____ Title: _____

of years with Agency: _____ E-mail: _____

License # and Type: _____

Other Key Personnel (Accounting, Lead CSR, Claims, Team Leaders) (use a separate sheet if needed):

1. Name: _____ Title: _____

of years with Agency: _____ E-mail: _____

Phone: _____ Fax: _____

2. Name: _____ Title: _____

of years with Agency: _____ E-mail: _____

Phone: _____ Fax: _____

3. Name: _____ Title: _____
of years with Agency: _____ E-mail: _____
Phone: _____ Fax: _____

Operations

Total Estimated Agency **P&C** Agency Premium Volume:

Current Year: _____ Last Year: _____ Previous Year: _____

Anticipated Growth Rate for next year: _____

Percentage of Premium Written through Wholesalers: _____

Breakdown of Agency Premium Volume:

Commercial Lines: % of Total _____

Personal Lines: % of Total _____

Life & Health: % of Total _____

Other (specify): % of Total _____

Specialty in Any Areas?

Percentage of business in the following areas:

Renewals: % of Total _____

New Business: % of Total _____

Five Largest Insurance Companies Represented:

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Number of Wholesalers Contracted: _____

List your top five wholesalers:

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Will you give Quirk & Company your commitment to be one of your agency's top three wholesalers by January 2010?

Yes

No

Other

Membership in Trade Organizations: Yes No
 IIAT CPCU CPIW Other: _____

Does your agency support and/or provide continuing education for staff to any of the following organizations?
 ACSR CISR CIC CPCU ARM OTHER: _____

Does your agency have a written Code of Ethics? Yes No
If **NO**, which Professional Organization's Code of Ethics do you adhere to?

Does your agency have a written a Short & Long Term Business Plan? Yes No

Does your agency have a formal Succession Plan? Yes No

Will you communicate when Quirk & Company is not meeting your expectations?
 Yes No

Who should be our contact with the agency: _____

Are you affiliated with any of the following?
Premium Financing: Yes Claims Services: Yes
Service Centers : Yes Risk Management Yes

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- **Copy of E&O Policy or Certificate.**
If placed through IIAT, did your agency qualify for the ACSR Credit? Yes No
- **Copy of TDI License for Entity and Active Principals.**
- **Copy of agency's Organizational Chart (if available).**



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SUPPLEMENTAL INFORMATION FOR PRODUCER APPROVAL

(To be Completed and Signed by Producer.)

Personal History of Major Principals (use a separate sheet if needed):

Name: _____ Birthdate: _____

Are you active in the Agency: _____ Any other business interests: _____

Name: _____ Birthdate: _____

Are you active in the Agency: _____ Any other business interests: _____

Previous Business Experience (last 7 years):

From	To	Position	Name & Address of Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all changes in company connections by your agency in the past three years:

Companies Added	Date	Companies Terminated	Date
_____	_____	_____	_____
_____	_____	_____	_____

Wholesalers Added	Date	Wholesalers Terminated	Date
_____	_____	_____	_____
_____	_____	_____	_____

Has agency ever been sued as a result of official acts performed? Yes No

If YES, please complete the following:

Date of Lawsuit	Nature of Lawsuit	Legal Results	Remarks
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- Audited Financial Statement for prior Fiscal Year.
- Current Fiscal Year-to-Date Financial Statements.

I certify that the above information is true and correct, in accordance with my own knowledge and belief:

Witness: _____

Name: _____

Title: _____

Date: _____