

CONFIDENTIAL PRODUCER PROFILE SURVEY

Legal Name of Organization _____ Phone (____) _____
DBA (if different) _____ Fax (____) _____

OTHER NAMES USED AND HISTORY OF ORGANIZATION

If you have acquired any other organizations or operations or have abandoned any previous names (within the last five years) to include dba's and AKA's, please list below:

Current Mailing Address _____ Street Address (if different) _____

Corp. Partnership/JT Venture Sole Prop.

We are a single location entity We are a branch office
 We are a multi location entity Accounting is centralized in home office
 We are the home office Accounting is conducted at each office

Name of person to whom statements should be directed: _____

Describe your mix of business:

Mostly Commercial Mostly Personal About Even

Check programs or areas of coverage in which you currently participate:

<input type="checkbox"/> Auto Physical Damage	<input type="checkbox"/> Contractors	<input type="checkbox"/> Aviation
<input type="checkbox"/> Clubs	<input type="checkbox"/> Distribution	<input type="checkbox"/> Bonding
<input type="checkbox"/> Equipment Dealers	<input type="checkbox"/> Importing	<input type="checkbox"/> Cargo
<input type="checkbox"/> Garage Keepers Legal Liability	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> D & O
<input type="checkbox"/> Liquor Liability	<input type="checkbox"/> Marine	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Food & Beverage
<input type="checkbox"/> Social Services Agencies	<input type="checkbox"/> Transportation	<input type="checkbox"/> Professional
<input type="checkbox"/> Special Events	<input type="checkbox"/> Property	<input type="checkbox"/> Trade Associations

Others: _____

PRODUCTION

Approximate agency volume in Gross Premium Dollars for the last four years:

\$ _____ \$ _____ \$ _____ \$ _____

PERSONNEL

	Dept.	Dept.
CEO _____	_____	_____
Fin. Officer _____	_____	_____
VP _____	_____	_____
CSR _____	_____	_____

(Attach List if more space is needed)

Please check the following statements that apply to your organization:

- | | |
|--|---|
| <input type="checkbox"/> We have a Commercial Lines Mktg. Dept | <input type="checkbox"/> We provide risk management services |
| <input type="checkbox"/> We have producer/sales personnel who
Market their own accounts | <input type="checkbox"/> We provide captive management services |
| | <input type="checkbox"/> We hold non-resident licenses in multiple states |

MARKETING

List your top five companies and specialty markets/surplus lines brokers:

Companies and Approx. Volume	Specialty Markets/Surplus Lines Brokers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLANS AND COMMUNICATIONS

In the next five years, do you plan (check all that apply):

- Internal Growth Merge Acquire New Agencies Sell or Retire

Which of the following publications do you read on a regular basis?

- | | | | |
|---------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Ins. Journal | <input type="checkbox"/> Nat. Und. | <input type="checkbox"/> Amer. Agt. & Brkr | <input type="checkbox"/> Rough Notes |
| <input type="checkbox"/> Bus. Ins. | <input type="checkbox"/> Best | <input type="checkbox"/> Under. Rept | |

Which of the following associations are you currently a member?

- Big "I" PIA WAIB NAIB

Other(s) _____

How can Synergy help you? _____

Survey completed by _____

(Please print name)

Signature

Title

Date