

## 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:

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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<br>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