



# CLIENT PROFILE

## FIRMOGRAPHICS

Legal Client Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If Business Address is a P.O. Box – List Street Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

State(s) Licensed: \_\_\_\_\_ Website: \_\_\_\_\_

Decision Maker(s): \_\_\_\_\_ Principal(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

## CLIENT OPERATIONS

Year Established: \_\_\_\_\_ Current Years in Business: \_\_\_\_\_

If Less Than Three – Elaborate: \_\_\_\_\_

Total P&C Volume: \_\_\_\_\_ % Personal: \_\_\_\_\_ % Commercial: \_\_\_\_\_

Annual Premium Volume Financed: \_\_\_\_\_ Average Units Financed: \_\_\_\_\_

Agency Management System: \_\_\_\_\_

Current Premium Finance Vendor(s): \_\_\_\_\_

Frequently Financed Coverage(s): \_\_\_\_\_

Industry(ies) Concentration: \_\_\_\_\_

## REFERENCES

1. Full Name of MGA / Wholesaler / Broker: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Full Name of MGA / Wholesaler / Broker: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Full Name of MGA / Wholesaler / Broker: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_