

CLIENT PROFILE

FIRMOGRAPHICS

| Leg | gal Client Name: | | |
|---------------------------------|--|------------------------------|-------------------------|
| Bus | siness Address: | City, State: | Zip Code: |
| If B | usiness Address is a P.O. Box – List Street Address: | | |
| Bus | siness Phone: | Fax: | Email: |
| Sta | te(s) Licensed: | Website: | |
| Dec | cision Maker(s): | Principal(s): | |
| Coı | ntact Name: | | Title: |
| CL | IENT OPERATIONS | | |
| Year Established: | | Current Years in Business: _ | |
| If L | ess Than Three – Elaborate: | | |
| Total P&C Volume: | | % Personal: | % Commercial: |
| Annual Premium Volume Financed: | | | Average Units Financed: |
| Age | ency Management System: | | |
| Cui | rrent Premium Finance Vendor(s): | | |
| Fre | quently Financed Coverage(s): | | |
| Ind | ustry(ies) Concentration: | | |
| RE | FERENCES | | |
| 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: |

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