

≡ AGENCY QUESTIONNAIRE ≡



AMERICAN SOUTHWEST INSURANCE MANAGERS
 PO BOX 701749, Dallas, Texas 75370-1749
 phone (800) 856-0191 fax (800) 856-ASIM

The information herein is essential to understanding your agency when reviewing your production and loss experience. The information in this form is kept completely confidential. Please complete this questionnaire and fax it to our office at the number provided. Thank you for your time!

| | | |
|--------------------------------------|---|-------------|
| Agency Name: | This agency is owned by: <input type="radio"/> an individual <input type="radio"/> a partnership <input type="radio"/> a corporation | Owner Name: |
| Physical Address: | Federal Tax ID / Social Security Number: | |
| City, State, & Zip Code: | How many locations does this agency have? 1) | |
| County: | 2) | |
| Phone Number: | 3) | |
| Fax Number: | 4) | |
| E-mail address: | 5) | |
| How long have you owned this agency? | Does this agency have a website? (If so, please provide the URL, www.123.com) | |

Please list all owners, officers, and employees (both licensed & unlicensed) below:

| NAME | Indicate position with agency | Years with agency | Years in Personal Lines Auto | Insurance License Number | Insurance related certifications |
|------|--|-------------------|------------------------------|--------------------------|----------------------------------|
| 1) | <input type="radio"/> owner <input type="radio"/> officer / manager <input type="radio"/> employee | | | | |
| 2) | <input type="radio"/> owner <input type="radio"/> officer / manager <input type="radio"/> employee | | | | |
| 3) | <input type="radio"/> owner <input type="radio"/> officer / manager <input type="radio"/> employee | | | | |
| 4) | <input type="radio"/> owner <input type="radio"/> officer / manager <input type="radio"/> employee | | | | |
| 5) | <input type="radio"/> owner <input type="radio"/> officer / manager <input type="radio"/> employee | | | | |

| | | | | |
|---|--------------------|--|----------------------------|---------------------------|
| Estimate this agency's TOTAL ANNUAL AUTO PREMIUM VOLUME \$ | | Estimate the percentage of business this agency writes by policy | Liability Only % | (OTC & Collision) % |
| Estimate the percentage of business this agency writes by policy term | Annual policies % | Semi-Annual policies % | Minimum Limits Liability % | Excess Limits Liability % |
| | Monthly policies % | Other: % | | |

| | | | |
|--|--|------|-----------------------|
| Does this agency write business in STANDARD AUTO markets? (if so please list top 3 below) <input type="radio"/> YES <input type="radio"/> NO | Does this agency write HOMEOWNERS or RENTERS INSURANCE? <input type="radio"/> YES <input type="radio"/> NO | | |
| NAME | Annual premium volume | NAME | Annual premium volume |
| 1) | \$ | 1) | \$ |
| 2) | \$ | 2) | \$ |
| 3) | \$ | 3) | \$ |

| | | | |
|--|------------------------------------|-----------------------|--|
| With how many companies does this agency write NON-STANDARD AUTO business? (please list top 3 companies below) | Additional Information / Locations | | |
| MGA & COMPANY NAME | Appointment Date | Annual premium volume | |
| 1) | | \$ | |
| 2) | | \$ | |
| 3) | | \$ | |
| 4) | | \$ | |
| 5) | | \$ | |
| 6) | | \$ | |

Include a copy of insurance license with questionnaire as well as a copy of the E & O Policy or Certificate

ASIM welcomes your comments and questions; please feel free to address any issue and attach additional pages as necessary. Please fax all pages to ASIM upon completion with agency name on all pages. If you have questions about this form contact our marketing department at the number listed on the first page. Thank you for your time.