



Alabama Independent Insurance Agents, Inc.



AGENCY PROFILE

DEMOGRAPHICS

Agency name: _____

Business address: _____

City: _____ State: _____ Zip code: _____

If business address is a P.O, box, please list street address: _____

Business phone: _____ Fax: _____ Email: _____

Website: _____

Contact name: _____ Title: _____

Current premium finance vendor(s): _____

AGENCY OPERATIONS

Year agency was established: _____ Current owner(s) years in business: _____

If less than three, please elaborate: _____

After %Personal has been entered, %Comm will auto-calculate to total 100%

Total P&C volume: _____ % Personal: _____ % Commercial: _____

Annual premium volume financed: _____ Average units financed: _____

Most frequently financed coverage(s): _____

Concentration in any industry(ies): _____

Agency decision makers: _____

Agency principal(s): _____

Reason for paying agency direct: _____ State licensed: _____

REFERENCES (PLEASE INCLUDE DIRECT CARRIER APPOINTMENTS)

1. Full name of company/general agent: _____ City/State: _____

Contact name: _____ Phone: _____ Email: _____

2. Full name of company/general agent: _____ City/State: _____

Contact name: _____ Phone: _____ Email: _____

3. Full name of company/general agent: _____ City/State: _____

Contact name: _____ Phone: _____ Email: _____

CLICK "Submit" to send your completed form to Jim Craft and Rebecca Miller at Imperial PFS

Submit

*Complete and submit your Agency Profile no later than March 31, 2022 to receive a \$10 Starbucks gift card.