

Agency Profile Sheet

Agency Name: _____

Street Address: _____

Mailing Address: _____

Office Telephone No: _____

Office Fax No: _____

Accounting Contact: _____

Accounting Telephone No (if different from above): _____

Accounting Contact Email Address: _____

*** All automated Accounting correspondence including Monthly Broker Statements (Account Current agents only)
and Past Due letters will be emailed to the Accounting Contact email address ***

***** All policies and endorsements will be emailed to your office. Please provide one (1)
email address for each policy type so that we can setup your account accordingly *****

Commercial Lines Policies: _____

Personal Lines Policies: _____

- Would you like to be set up for consumer direct bill at renewal, if applicable? Yes No

Agency Directory: *Please attach a copy of your agency's staff directory, including email address and positions/titles (if available)*

With which office will your agency primarily conduct business?

- | | |
|--|---|
| <input type="checkbox"/> Virginia Office | <input type="checkbox"/> Midwest Office |
| <input type="checkbox"/> New York Office | <input type="checkbox"/> Texas Office |
| <input type="checkbox"/> Florida Office | <input type="checkbox"/> Louisiana Office |
| <input type="checkbox"/> Pennsylvania Office | |

PLEASE ANSWER EACH QUESTION BELOW

1. Agency name:

2. Name of the ASL associate with whom you have spoken:

3. Total agency volume (in premium \$):

4. Commercial Lines (%) vs. Personal Lines (%):

5. Which wholesale brokers are you currently using? List top three (3):
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6. What is the total volume placed with these wholesale brokers (in premium \$):

7. What volume do you anticipate placing through Atlantic Specialty Lines (in premium \$):

8. What are your marketing needs? Include classes and lines of business:

9. As we have new products available we want to be able to direct to the correct personnel in your agency. Which individuals should be put on our marketing list? Please provide name and email address.

Commercial Lines

Personal Lines

10. Additional Comments: