

# Agency Profile

## Insurance Administration Center (IAC)

Submit on line or return by fax to (813) 222-4040. For questions call (800) 338-1935

Agency has interest in the following Commercial Programs:

Railroad Protector Plan (RRPP)

(Please Print)

Agency Name:		
D.B.A. (if applicable):		
P.O. Box:		
City:	State:	Zip:
Street Address:		
City:	State:	Zip:
Telephone:	Toll Free:	Fax:
County:	Year Established:	FEIN#:
Agency Owner / CEO / President Name:		
Agency Website Address:		
E&O Carrier:	Effective:	Limit: \$1,000,000 min

**(Please include a copy of a Certificate of Insurance for your E&O coverage showing IAC as certificate holder)**

Are you part of a cluster?  Yes  No

Sole Proprietor

Partner

Corporation

LLC/LTD

Agency Contact for IAC Programs/ Person responsible for signing contracts and addenda:		E-Mail Address:
_____		_____
Marketing Manager's Name:		E-Mail Address:
_____		_____
Alternate Contact:		E-Mail Address:
_____		_____

### Property / Casualty Profile

Total Agency Premium: \_\_\_\_\_

P&C Premium: \_\_\_\_\_

% Commercial Lines: \_\_\_\_\_

% Personal Lines: \_\_\_\_\_

### Top Five Insurance Companies Represented

	Company	Premium
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Program Profile**  
**Insurance Administration Center**

Agency Name: \_\_\_\_\_

Program: Railroad Protector Plan

Who will be assigned to sell this program:

Agency <b>Commercial</b> Producers:	E-Mail Address:	Yrs. of Experience	Programs Producer is dedicated to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How much business do you write in this program(s) segment currently? \_\_\_\_\_

How many submissions per month can you commit to sending to this program(s) in the next six months: \_\_\_\_\_ one year: \_\_\_\_\_

Is there a coverage critical to writing this business in your agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your top company doing to write this segments(s) of business for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your main competitor:

Agency Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Please describe how you plan to market this program(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what States will you need to be appointed? Please note there may be appointment expenses in each non-resident state.

\_\_\_\_\_  
\_\_\_\_\_