

8. Please provide for last 12 months: (Enter as whole numbers only. 10,000 is entered as 10000. 1,000,000 is entered as 1000000.)

Total Commercial Lines Premium Volume	\$	Commercial Lines Gross Commission Income	\$
Total Personal Lines Premium Volume	\$	Personal Lines Gross Commission Income	\$
TOTAL P & C PREMIUM VOLUME	\$	TOTAL Life/ A & H COMMISSION	\$
TOTAL FEE INCOME or OTHER INSURANCE RELATED ACTIVITIES	\$	TOTAL GROSS COMMISSION LAST 12 MONTHS	\$
		IF MGA/ MGU OR WHOLESALER - NET COMMISSION INCOME	\$

9. Breakdown of agency business:

(Totals should equal Gross Income for retailers or Net Income for MGA/Wholesale stated in Question 8 above).

	COMMERCIAL LINES			PERSONAL LINES			LIFE & HEALTH	
%	Workers Comp.	%	Automobile Standard	%	Life			
%	Commercial Auto (except trucking)	%	Automobile (Non Standard)	%	Health & Accident			
%	Trucking (Fleet and/or Long Haul)	%	Umbrella	%	Annuities & Pension			
%	Commercial Multi Peril	%	Property & Dwelling					
%	Bonds	%	Other (Specify)					
%	Professional Liability							
%	Directors & Officers Liability							
%	Medical Malpractice							
%	Energy / Pollution / Environmental							
%	Umbrella/Excess							
%	Aviation							
%	Wet Marine							
%	Crop							
%	Liquor Liability							
%	Other (Specify)							
%	TOTAL COMMERCIAL LINES	%	TOTAL PERSONAL LINES	%	TOTAL LIFE & HEALTH		= 100%	

Please verify the Grand Total of ALL LINES combined equals 100%

GRAND TOTAL

10. Does the applicant or any agency owner, officer, partner/principal, member of solicitor or employee perform any of the following activities? If yes, attach resume, promotional material and sample contract. Coverage may be excluded under the policy

	YES	NO	Income		YES	NO	Income
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	\$	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator	<input type="checkbox"/>	<input type="checkbox"/>	\$	Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claim Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Tax Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Risk Management/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	\$	Premium Finance for Agency Clients	<input type="checkbox"/>	<input type="checkbox"/>	\$
Investment, Securities Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
Prepaid Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	Other	<input type="checkbox"/>	<input type="checkbox"/>	\$