

≡ AGENCY QUESTIONNAIRE ≡



PARTNERS GENERAL AGENCY
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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="checkbox"/> an individual <input type="checkbox"/> a partnership <input type="checkbox"/> a corporation
Physical Address:	Owner Name:
City, State, & Zip Code:	Federal Tax ID / Social Security Number:
County:	Is the mailing address the same as the physical address? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please provide the mailing address below)
Phone Number:	
Fax Number:	
E-mail address:	

How long have you owned this agency?	How many locations does this agency have? <small>(if more than 1, please provide addresses, phone & fax numbers, contact names, and e-mail addresses on a separate sheet along with questionnaire)</small>
How many 'Liability Only' applications can we expect from this agency each week?	This agency has the following type of internet connection: <input type="checkbox"/> T1 <input type="checkbox"/> cable <input type="checkbox"/> DSL <input type="checkbox"/> dial-up <input type="checkbox"/> none
How many 'Full Coverage' applications can we expect from this agency each week?	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	Education Level
1)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
2)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
3)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
4)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
5)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
6)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
7)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
8)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
9)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:
10)	<input type="checkbox"/> owner <input type="checkbox"/> officer / manager <input type="checkbox"/> employee					<input type="checkbox"/> high school/GED <input type="checkbox"/> college <input type="checkbox"/> graduate school <input type="checkbox"/> other:

Estimate this agency's TOTAL ANNUAL PP AUTO PREMIUM VOLUME		\$	Does this agency prepare a Profit & Loss statement each year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate the percentage of business this agency writes by policy coverage	Liability Only %	Full Coverage (OTC & Collision) %	Does this agency maintain a Premium Trust Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate the percentage of business this agency writes by liability limits	Minimum Limits Liability %	Excess Limits Liability %	Does this agency participate in Electronic Funds Transfers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate the percentage of business this agency writes by policy term	Annual policies %	Semi-Annual policies %	Does this agency use an automated Management System? (if so please describe/name)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Monthly policies %	Other: %	Does this agency use a comparative rater? (if so please check the name)	<input type="checkbox"/> ITC <input type="checkbox"/> none <input type="checkbox"/> QuickQuote <input type="checkbox"/> other:

Does this agency advertise?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual advertising budget: \$	Does this agency order any of the following reports on insureds/potential insureds?	<input type="checkbox"/> MVR <input type="checkbox"/> CLUE <input type="checkbox"/> HDR <input type="checkbox"/> other:
Please check the advertising sources this agency uses	<input type="checkbox"/> Newspaper <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Other: _____	Please indicate next to each type of report ordered whether it is done (B) before or (A) after the customer leaves; also note below which access company/service provides the said reports.		

Does this agency write business in STANDARD AUTO markets? (if so please list top 3 below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this agency write business in markets other than PERSONAL LINES AUTO? (if so please list top 3 below)	<input type="checkbox"/> YES <input type="checkbox"/> 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 companies below)	Does this agency contact insureds at any time after writing a new business policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MGA & COMPANY NAME	Appointment Date	Annual premium volume
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$
6)		\$

If so, how is the insured contacted?	<input type="checkbox"/> Phone call <input type="checkbox"/> E-Mail <input type="checkbox"/> Letter/Postcard <input type="checkbox"/> other:
Does this agency contact insureds before or after the NON-PAY Cancellation date?	<input type="checkbox"/> YES, Before <input type="checkbox"/> YES, After <input type="checkbox"/> NO
If so, how is the insured contacted?	<input type="checkbox"/> Phone call <input type="checkbox"/> E-Mail <input type="checkbox"/> Letter/Postcard <input type="checkbox"/> other:
Does this agency contact insureds before or after the RENEWAL date?	<input type="checkbox"/> YES, Before <input type="checkbox"/> YES, After <input type="checkbox"/> NO
If so, how is the insured contacted?	<input type="checkbox"/> Phone call <input type="checkbox"/> E-Mail <input type="checkbox"/> Letter/Postcard <input type="checkbox"/> other:
How does this agency encourage policy retention?	

Additional comments:	Does this agency hold regular training meetings for employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, how frequently?	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	What topics are covered in these meetings?	<input type="checkbox"/> Sales/Customer Service <input type="checkbox"/> Underwriting <input type="checkbox"/> Company Procedures <input type="checkbox"/> Agency Procedures

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

PARTNERS welcomes your comments and questions; please feel free to address any issue and attach additional pages as necessary. Please fax all pages to PARTNERS 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.