



Broker Profile

Our goal in doing business with a retail agency is to establish a long term relationship with you as our business partner.

Name of Agency _____ Date _____

Your Name _____

Your position with the agency _____

The best way to reach you is: Phone _____

Fax _____

Email _____

Current premium volume placed with wholesalers?
(non-binding markets your agency uses) \$ _____

Your current wholesalers, estimated premium volume, and reasons you write w/ them:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

How can First Western Insurance partner with you for our mutual benefit?

Are you currently a member of cluster/association (other than IIA or PIA)? Y / N

If yes, which one _____

How often does your agency decline business because you do not have a contracted market? Daily ___ Weekly ___ Monthly _____

In your office, who decides where the Wholesale business is placed?

Current Volume (estimates) by class of business (wholesale business)

Farm _____ (include direct contracts)

General Liability _____

Liquor Liability _____ (include direct contracts)

Non Standard Auto _____ (include direct contracts)

Professional _____ (include direct contracts)

Property _____

Specialty Personal Lines _____

Trucking

 Local _____

 Long Haul _____

 Public Auto _____

Umbrella

 Commercial _____

 Personal _____

Please submit this information to apps@fwins.com, or to Jim Trager at jtrager@fwins.com.