

# Agency Profile Report

1. Agency Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Federal ID#: \_\_\_\_\_  
\_\_\_\_\_ Website Address: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_
2. When was the agency established? \_\_\_\_\_
3. Are there multiple locations? \_\_\_\_\_  
If so, where are the other locations? \_\_\_\_\_  
\_\_\_\_\_
4. List agency principals and percent of ownership \_\_\_\_\_
5. Is there an agency perpetuation plan in place? \_\_\_\_\_
6. What Agency Management System do you utilize? \_\_\_\_\_
7. What is the agency premium volume? \_\_\_\_\_
8. What percentage of business is:
- |                       |       |   |
|-----------------------|-------|---|
| Workers' Compensation | _____ | % |
| Other Commercial P&C  | _____ | % |
| Personal Lines        | _____ | % |
| Other Lines           | _____ | % |
9. Please describe the agency commercial book of business:
- |               |       |   |
|---------------|-------|---|
| Construction  | _____ | % |
| Manufacturing | _____ | % |
| Other         | _____ | % |
10. What different types of Workers' Compensation products do you sell other than guaranteed cost?  
\_\_\_\_\_
11. What is the average workers' compensation premium per policy in your agency?  
\_\_\_\_\_
12. List your top five (5) commercial line carriers and attach last 3 years of company premium and loss runs.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Have any carriers terminated your agency over the last five (5) years and why?  
\_\_\_\_\_  
\_\_\_\_\_

14. Please list the number of staff in each category below:

Producers \_\_\_\_\_  
CSRs \_\_\_\_\_  
Marketing Coordinators \_\_\_\_\_  
Active Principles \_\_\_\_\_

15. Do any producers specialize in a specific industry? Yes No  
If so, what specific industry?

\_\_\_\_\_

16. Are you or any of your staff members active with any construction-related associations? Yes No

If yes, please provide names of organizations:

\_\_\_\_\_

17. Who will be submitting applications (Producers, CSRs, Marketing Department)?

\_\_\_\_\_

18. What payroll companies does your agency utilize for pay-as-you-go programs, if any?

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

19. Does the agency or any of its principals have ownership in any of the above payroll companies?

\_\_\_\_\_

20. In what counties does your agency actively write business?

\_\_\_\_\_

21. What agencies do you compete with most often?

\_\_\_\_\_

22. How do you see MCIM fitting into your agency?

\_\_\_\_\_

23. Do you have a written Marketing Plan? Yes No (If yes attach copy)

24. What resources do you plan to commit to marketing MCIM?

\_\_\_\_\_

25. Do you make premium commitments with your carriers? Yes No

26. What kind of commitment are you willing to make with MCIM?

\_\_\_\_\_

Who completed this profile? \_\_\_\_\_ Date \_\_\_\_\_

Return form to: Michigan Commercial Insurance Mutual  
P.O. Box 80440  
Lansing, MI 48908-0440

Attach: Agency Financial Statement  
E & O Certificate of Insurance  
Company loss runs from your top five (5) commercial line carriers

