

**DIRECT AUTO INSURANCE COMPANY
AGENCY PROFILE
FAX Completed Form to 312-568-4567**



AGENCY INFORMATION:

Legal Business Name: _____

Business Phone: _____ Business Fax: _____

Mailing Address: _____ City, State, Zip: _____

Street Address (cannot be a P.O. Box): _____

Website Address: _____

Contact Name: _____ Contact Phone: _____

Contact Fax: _____ Contact E-Mail: _____

How long at this address: _____ Date Founded: _____ Tax I.D. Number: _____

Type of Business (Sole Owner, Partnership, Corporation): _____

How long has the agency been under this management? _____

Has your agency at any time operated under a different trade name(s) Yes No

If yes, please state former trade name (s) _____

AGENCY PROPERTY & CASUALTY VOLUME TOTAL :

(Use prior year volume):

Non-Standard Volume: \$ _____ Total P&C Volume: \$ _____ Home-Owners Volume: \$ _____

COMPANIES:

(feel free to add additional companies on an additional sheet of paper):

Company Name	Standard/Non-Standard	Years with Company?	200_ \$ Volume	Loss Ratio %
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

OWNERS/ PARTNERS/ STOCKHOLDERS/ PRINCIPALS INFORMATION:

Name:	_____
Home Address:	_____
City, State:	_____
Telephone:	_____
Social Security:	_____

Name:	_____
Home Address:	_____
City, State:	_____
Home Telephone:	_____
Social Security:	_____

Date of Birth: _____

Date of Birth: _____

GENERAL INFORMATION:

How would you describe your agency?

- A. Non-Standard Specialist
- B. Standard with non-standard availability
- C. Other (please explain) _____

Do you have a computer at the agency? Yes No

If yes, what type of software do you use for non-standard?

- A. Comparative Rater(s) –Name(s): _____
- B. Company-specific rate software
- C. Both
- D. Web Based Rater

Are you interested in issuing Point of Sale Policies? Yes No

What is your average Cancellation Rate? _____

What type of premium financing is used?

- A. Use company's premium financing
- B. Use third-party company Name of company: _____
- C. We do our own financing
- D. None

What type of billing do you desire? *Check all that apply*

- A. Direct Bill only
- B. Account Current / Agency bill only

Has your license ever been suspended or revoked? Yes No

If yes, please explain:

Has the insurance license of any principal or employee of the agency ever been suspended? Yes No

If yes, please explain:

Do the agency principals transact operations other than the selling of insurance?

(i.e. premium finance, travel agency, etc.) Yes No

If yes, please explain:

SOURCES OF BUSINESS:

Sold directly to insured _____ %

Place for account of brokers _____ %

Annual Premium volume you expect to place with us: \$ _____

Please list the names of business organizations to which you belong (i.e. PIA, Chamber of Commerce):

Name of Organization:

Name of Periodical you receive from this organization

1. _____

2. _____

Do you have Errors and Omissions Insurance? Yes No

If yes, please give the name of the carrier and your deductible. (Please submit a copy with this profile.)

Name: _____ Deductible: \$ _____

How were you referred to Direct Auto? Please list names of references and agency name and phone number.

Name	Agency Name	Agency Phone Number

BANK INFORMATION:

Name of Financial Institution: _____
(Please indicate the institution you will be using to pay your account).

Address of Financial Institution: _____

Contact: _____

Account Number (s): _____

The undersigned represents and warrants that i) this Agency Profile is submitted to Direct Auto Insurance Company ("Direct Auto") for its evaluation of my suitability to enter into a contract to solicit and service policies of insurance on behalf of Direct Auto; ii) all information provided in this Agency Profile is true and complete; and iii) Direct Auto may rely upon it. In consideration of being evaluated for a contract, the undersigned authorizes Direct Auto to conduct an investigation into the background(s) and credit history(ies) of those individuals listed as owners, partners, stockholders, or principals, from time to time, at its sole discretion, and releases Direct Auto, its agents and assigns from any liability arising from such investigation. The undersigned further represents and warrants that he/she has authority on behalf of all owners, partners, stockholders, or principals to give such consent and release.

Dated this _____ day of _____, 20____

(Signature of Owner/Partner/Stockholder/Principal)

(Printed Name)

Documents needed with submission of Agency Profile

- Copy of Current Producer License(s)
- Current Agency License(s)
- Current Errors And Omissions (E&O) Policy Dec Page
- W-9