



NEW AGENCY PROFILE FORM

The following items are required to appoint your agency with Leo Risk Services, Inc.

- The following questionnaire completed and returned with Agency Appointment application
- Copy of Errors & Omissions policy declaration page with minimum limits of at least \$1,000,000.
- Copy of all State's General Lines & Surplus Lines License(s)
- Roster of Employees

Date Completed: _____ Federal Identification Number: _____

Agency Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Website: _____ Years in Business: _____

Principle Contract: _____ E-mail: _____

Accounting Contact: _____ E-mail: _____

Marketing Contract: _____ E-mail: _____

Property/Casualty Volume: *Indicate "P" for premium volume or "R" for revenue* Number of Producers: _____

___ \$0-\$5M ___ \$5-\$10M ___ \$11-\$20M ___ \$21-\$30M ___ \$31-\$50M ___ \$51-\$75M ___ \$76-\$100M ___ Over \$100M

Is your renewal/new Business placement: () Centralized () Individualized () Various (*please check one*)

List the State(s) your Agency holds a Resident &/or Non-Residential General Lines License:

List the State(s) your Agency holds a Resident &/or Non-Residential Surplus-Lines License:

Key accounts your Agency writes: _____

Other wholesalers used & relationship: _____

List Carriers you are currently appointed with: _____
