

AGENCY PROFILE

Please complete the following info to sign up with ifinance & return to Rebecca Shigley at rshigley@iianc.com.

Demographic Information

Agency Name _____

Business Address _____

City _____ State _____ Zip Code _____

If Business Address is PO Box, List Street Address _____

Additional Agency Locations _____

Business Phone _____ Fax _____ Tax ID # _____

E-Mail _____ License # _____

Contact Person/Title _____

Current Owner(s) Years in Business _____ Year Agency Established _____

Ownership (Include all Owners, Officers, Partners. Please attach separate chart, if necessary)

1) Name _____ Title _____ % Ownership _____

2) Name _____ Title _____ % Ownership _____

3) Name _____ Title _____ % Ownership _____

References (Include Direct Carrier Appointments)

1) Full Name of Company/General Agent _____ City/State _____
 Contact Name _____ Phone # _____ E-Mail _____

2) Full Name of Company/General Agent _____ City/State _____
 Contact Name _____ Phone # _____ E-Mail _____

3) Full Name of Company/General Agent _____ City/State _____
 Contact Name _____ Phone # _____ E-Mail _____

4) Full Name of Company/General Agent _____ City/State _____
 Contact Name _____ Phone # _____ E-Mail _____

Operations

Total P&C Volume _____ % Personal _____ % Commercial _____

Annual Premium Volume Financed _____ Average Size Account _____

Type of Coverage Financed _____

Concentration in any Industry(ies) _____

Current Premium Financing Vendor _____

Current Memberships (IIA, PIA, other) _____

Is Your Agency Part of a Cluster Group? No Yes Name _____

Agency Management System Currently Used _____

What is Your Funding Preference: Pay Carriers/GA/Broker Direct Pay Agency Direct

Total Number of Employees _____

What Brought You to ifinance? _____

Authorized Signature _____ Date _____

Print Name _____ Title _____