



Abram Interstate Insurance Services, Inc., CMGA
2211 Plaza Drive, Suite 100, Rocklin, CA 95765
Phone: (916)780-7000 Fax: (916)780-7181
www.abraminterstate.com Lic #0D08440



Agency Profile Questionnaire

Your cooperation is appreciated in completing the following questionnaire.
Any and all information, verbal or written, will be held by us in the strictest confidence.

Agency Name: \_\_\_\_\_
Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ Agency License # \_\_\_\_\_

Names of Principals & Titles: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Social Security # \_\_\_\_\_ Tax ID # \_\_\_\_\_ Year Agency Formed \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Principal E-mail: \_\_\_\_\_

General Agents or Wholesalers Contracted with:
1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_

Direct Contract Companies:
1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_

FSC # \_\_\_\_\_ ADR # \_\_\_\_\_

Agency Management System: \_\_\_\_\_ Rating Systems used: \_\_\_\_\_

Premium Volume: Personal Lines \_\_\_\_\_ Commercial Lines \_\_\_\_\_

How did you hear about Abram Interstate: \_\_\_\_\_

Bank References:
Name: \_\_\_\_\_ Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Do you maintain E & O Insurance for Property and Casualty Insurance Sales: Y / N Effective Date: \_\_\_\_\_
Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

What other coverages, products, and programs do you have a need for: \_\_\_\_\_

The undersigned hereby declares that the answers with respect to the foregoing questions are true, complete and accurate with no misrepresentation, omission or any other concealment of fact. Producer warrants that it will act in accordance with applicable State and Federal Privacy Laws. Producer further expressly gives permission to General Agent to provide various marketing information and materials from time to time, including facsimiles and e-mails sent to producer's place of business. If you do not wish to receive these materials, you agree to notify General Agent in writing at the location listed at the bottom of this agreement.\*

Date: \_\_\_\_\_ Completed & Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

Please send with Agency License, E&O Dec, W-9 Tax Form & Producer Agreement to: 916.780.7181
or Email to : receptionist@abraminterstate.com

**Additional Contact Information:**

Agency Name: \_\_\_\_\_

**Personal Lines:**

Name \_\_\_\_\_ Email \_\_\_\_\_

**Commercial Lines:**

Name \_\_\_\_\_ Email \_\_\_\_\_

**Agri-Business:**

Name \_\_\_\_\_ Email \_\_\_\_\_

**Other:**

Name \_\_\_\_\_ Email \_\_\_\_\_