



# Information Request

## Prospective Greenwich Group Member

### **Agency Profile**

Agency Name:

Trade Name/DBA:

Address:

City:

State:

Zip Code:

Phone:

Web Site(s):

Branch Locations (City/State):

What best describes your ownership structure:

- 100% independantly owned by active shareholder partners
- Combination of active shareholders and Private Equity
- Bank Owned Agency
- 100% Private Equity
- Publicly Traded Company

Describe any Affiliated/Related Entities:

#### I. Identify Principal(s) and their Titles/Responsibilities

	Name	Title	Key Role (Sale, Operations etc)
1.			
2.			
3.			
4.			
5.			

II. Years in Business: \_\_\_\_\_

III. Annual Revenue \$ \_\_\_\_\_ Premium Volume \$ \_\_\_\_\_

#### IV. Critical Indicators

% Revenue Growth Last 3 Years \_\_\_\_\_ % Profit to Revenue \_\_\_\_\_  
 Revenue Per Relationship \$ \_\_\_\_\_ Revenue Per Employee \$ \_\_\_\_\_  
 Renewal Retention Ratio \_\_\_\_\_ New Business Hit Ratio \_\_\_\_\_

#### V. % of Total Annual Revenue that is

P & C Revenue \_\_\_\_\_ % Commercial \_\_\_\_\_ % Personal \_\_\_\_\_ %  
 L & H Revenue \_\_\_\_\_ %  
 Fee Revenue \_\_\_\_\_ %  
 Other (explain) \_\_\_\_\_ %  
 Retail Sourced \_\_\_\_\_ % Wholesale Sourced \_\_\_\_\_ %



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- VI. Staff
- Number of Producers \_\_\_\_\_
- How many producers are Owners? \_\_\_\_\_
- How many producers are Non-Owners? \_\_\_\_\_
- Staff – Number of Non-Producers \_\_\_\_\_
- Total Number of Staff \_\_\_\_\_
- VII. Industry Group Memberships – Identify Industry Groups in which the Agency is an active member (PIA, IIAA, CIAB, QIC, Automation Networks):
- VIII. Other Performance Groups – Identify other Performance Groups in which the Agency is an active member (Sitkins, APPEX, Assurex, etc):
- IX. Industry Professional Consultants – Identify any recognized industry professional consultants your agency routinely engages (Jack Fries, Jon Jaques, Roger Sitkins, etc.):
- X. Competitive Advantage – Identify your agency's "Unique Competitive Advantage":
- XI. Agency "Braggables" – List 5:
- XII. Market Territory – Identify Market Territory covered by your agency:



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XIII. Automation System – Identify your agency's automation system:

XIV. Top 5 Direct Carrier Appointments:

No.	Carrier	Premium
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

XV. Top 5 Brokerage Agreements:

No.	Broker	Premium
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

XVI. Specialty Niche or Program Focus (List any niche areas that you pursue or have programs in):

XVII. References – Provide two Senior Insurance Company Executive reference:

XVIII. Additional Information – Include the following:

- Agency Identity Packet (digital brochure, etc.)
- Agency Business Plan (if available)
- Other Pertinent Information