



Information Request

Agency Profile

Prospective Greenwich Group Member

Agency Name:

Agency Principle:

Trade Name/DBA:

Address:

City:

State:

Zip Code:

Cell Phone:

Office 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 _____ %	



Information Request

Prospective Greenwich Group Member

- 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:



Information Request

Prospective Greenwich Group Member

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

XIX. **Referring Greenwich Group Member** – Member Who Referred You: