



AGENCY PROFILE

1. FULL NAME of Agency/Broker:

Corporation Partnership Individual

Year business established E-mail Address

Telephone Number FAX Number

Street Address City State Zip Code PO Box City State Zip Code

4. Names of Owners of the Agency and Percentage Owned: % % % %

5. Is the Agency engaged in any other business activity? Yes No

6. Annual Premium Volume: \$

7. Give a breakdown of your total staff: Active Partners, Directors, Officers, Owners Employed Solicitors, Brokers Other Employees Total Staff

8. Name of E & O Carrier: Policy #: Eff. Date: Limits:

9. Have any E & O claims been made during the past five years against you? If yes attach supplemental explanation of claim(s). Yes No

10. Name and location of bank(s) that handle your business account(s): Acct. # Acct. # Acct. #

Signature Title Date

Return To: PBS Insurance Underwriting Corporation P.O. Box 43788 Louisville, KY 40253-0788