

Agency profile

Questions?

For more information, please contact your agency marketing specialist at 800.285.8525.

A. GENERAL

Name of agency: _____

Principal address: _____
(Street)

(City) (State) (Zip)

Mailing address: _____
(if different from above)

Phone: _____ Fax: _____ Email: _____

Corporation Partnership Individual Limited liability company

Taxpayer I.D. number: _____

IVANS Agency (Y-Account): _____ IVANS Agency USER ID: _____

Please indicate the download services you will be utilizing:

Policy data E-docs Direct bill commission statements

B. BACKGROUND

Year business established: _____

During the past 5 years, has the agency acquired/merged with another agency or has the agency changed names? Yes No If yes, please describe:

Is agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest? Yes No If yes, please describe:

C. PRINCIPALS AND PERSONNEL

Principals/Officers/Brokers (list in order of percent of ownership)

NAME	TITLE OR POSITION	YEAR STARTED IN INSURANCE	YEAR STARTED WITH AGENCY	PERCENT OF OWNERSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total staff:

Total licensed staff:

D. OPERATIONS

Do you write business outside of Oregon? Yes No If yes, please describe:

List all branch offices and number of employees for each:

Does your agency operate as a wholesaler, managing general agent (MGA), retailer, or combination?

% retail % wholesale brokerage % MGA binding authority

List states with licenses

STATE	LICENSE #	STATE	LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach copies of all current licenses.

NOTE: SAIF's agency contract is for a retail agency. Any agents who write business with your agency must be affiliated with your agency. We do not accept business brokered by your agency on behalf of a non-appointed or non-affiliated agent.

E. PREMIUM VOLUME AND DISTRIBUTION

Your total volume the last five years:

YEAR	VOLUME	YEAR	VOLUME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volume breakdown, workers' compensation total for last three years:

Which carriers do you use for workers' compensation?

NAME	YEARS REPRESENTED	ANNUAL VOLUME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Online quoting Yes No

Online rating/binding Yes No

F. PRODUCTION TO SAIF

Anticipated volume to SAIF annually: \$

Explain briefly:

G. FINANCIAL INFORMATION

If commissions are not handled by main office, provide address:

_____ (Street)

_____ (City) _____ (State) _____ (Zip)

Name of accounting contact:

Do you maintain fidelity coverage over all officers and employees? Yes No

If yes, please indicate the following:

Insurance company: _____

Limits: _____

Deductible: _____

Expiration date: _____

Please provide copies of the following policies: E & O
Commercial
Auto
General Liability

Has any member of your agency received any disciplinary action by a state insurance department or other regulatory authority? Yes No If yes, please explain:

Are there any pending or threatening litigation or judgments within the past five years exceeding \$10,000 against the agency, agency principals, or agents? Yes No If yes, please explain:

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

_____ (Signature of applicant) _____ (Date)

_____ (Title)

Return completed form

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