



AGENCY PROFILE

A) Tell Us About Your Agency

All questions must be answered. Write "N/A" if not applicable to your agency

1. Agency Name And DBA: _____

Principal(s): _____

Phone: _____ Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Names & Email Addresses Of Employees In Your Agency Who Handle The Following:

Commercial CGL: _____ E-mail: _____

_____ E-mail: _____

Personal Lines: _____ E-mail: _____

_____ E-mail: _____

Commercial Auto: _____ E-mail: _____

_____ E-mail: _____

Professional Liability: _____ E-mail: _____

_____ E-mail: _____

Other (describe): _____ E-mail: _____

_____ E-mail: _____

3. List Three Insurance Company Appointments You Have With Admitted Licensed Insurers:

_____, _____, _____

B) Tell Us About The Business You Place With Wholesalers:

4. Top Three Wholesalers Used & Premium Volume:

a. _____ volume: \$ _____

b. _____ volume: \$ _____

c. _____ volume: \$ _____



AGENCY PROFILE

B) Tell Us About The Business You Place With Wholesalers:

continued

5. Specialties Or Programs With Wholesalers: _____

6. Estimated Annual Volume With WSS: This Year: \$ _____ Next Year: \$ _____

7. How Did You Learn About WSS:

Trade Ad Referral Prior experience with WSS Kirschner's Other _____

C) Signed and Completed Premium Agreement Attached?

YES NO

D) Premium Trust Account

8. Do You Have A Premium Trust Account? YES NO

Name & Address of Bank: _____

Account number: _____

E) Select Your WSS Office:

Pasadena

Roseville

Dallas, TX

Signature of Agency Principal

Date

By your signature on this Profile and on the Premium Agreement, you are requesting an appointment with Western Security Surplus Insurance Brokers, Inc., and you acknowledge your understanding of the terms stated in the Premium Agreement.