

## AGENCY PROFILE PREMCO FINANCIAL

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iity:		County:			Zip:					
City: Count		State:			Zip:					
			Fax:							
			Web Site	e (URL):						
Agency License #:			Agency Tax ID #:							
	Other States Licensed:									
Hours of Operation: Satellite Offices:										
			E&O Car	rier Limits:						
rrent Premium Volume:			Current Revenue:  Amount Financed:  # of Employees:				Current Revenue:			
Commercial % / Personal Lines %:			Amount Financed:							
Financing Contact(s):			# of Employees:							
# of Commercial Producers:			# of CSRs:							
	Agency Principa	als								
Title	:le:		SS#:		DOB:					
Ema	il:	Bus	. Phone:							
Home Address:			Hm Phone:							
Title:		SS#:			DOB:					
Email:		Bus. Phone:								
Home Address:			Hm Phone:							
Title:		SS#:			DOB:					
Email:			Bus. Phone:							
Hm			1 Phone:							
– P	lease Provide 3 O	thei	r Agent	s as Referen	ces					
Contact Name		Phone #								
	Title Ema	County:  Other States Licensed: Satellite Offices:  Agency Princip Title: Email:  Title: Email:  Title: Email:	County:  Other States Licensed: Satellite Offices:  Agency Principals Title: SS# Email: Bus Hm Title: SS# Email: Bus Hm Title: SS# Email: Bus Hm Title: SS# Email: Hm Title: SS# Email: Hm Title: SS# Email: Hm Title: SS# Email: Hm	County: State: Fax: Web Site Agency To the States Licensed: Satellite Offices:  Current Amount # of Em # of CSF  Agency Principals  Title: SS#: Email: Bus. Phone: Hm Phone: Title: SS#: Email: Bus. Phone: Hm Phone: Title: SS#: Email: Bus. Phone: Hm Phone:	County:    Fax:     Web Site (URL):     Agency Tax ID #:     Other States Licensed:     Satellite Offices:     E&O Carrier Limits:     Current Revenue:     Amount Financed:     # of Employees:     # of CSRs:     Email:     Bus. Phone:     Hm Phone:     Title:     SS#:     Email:     Bus. Phone:     Hm Phone:     Title:     SS#:     Email:     Bus. Phone:     Hm Ph					

Commercial Lines Carrie	rs - Io	p 3 Commercial Pa	C Cari	riers Represe	ented by the	Agenc	; y		
Company Name:					Contract:	(Yes)	(No)		
Company Volume:	Co	Commercial % / Personal %:			Years Represented:				
Company Name:	L.				Contract:	(Yes)	(No)		
Company Volume:	Co	Commercial % / Personal %:			Years Represented:				
Company Name:	l e				Contract:	(Yes)	(No)		
Company Volume:	С	Commercial % / Personal %:			Years Represented:				
NO.				Llocather Amer					
	nd Bro	kers – Top 3 Repre	sented	by the Agei	n <b>cy</b> Reason				
Carrier		Year Terminated	Year Terminated						
Companies You No L	.onger	· ·	ve Rep	resented In t	the Past 5 Ye	ars			
Carrier		Year Terminated		Reason					
Current 8	& Previ	ous Premium Fina	nce Co	mpanies Util	ized				
Company		Year Terminated	r Terminated Reason						
	N	Miscellaneous / Ted	hnolog	gy					
Agency Management System:		Version:							
Technology Contact:	Phone:		Email:						
Notice Preference:	mail	Notice Fax #:		Notice Email:					
	a al	5 1 4 4 4 1 1 1 4							
How Do You Choose A Financing Partne	r? – Pleas	e Rank 1-4 (1= high, 4 = 1	ow)						
Ease of Use/Technology:	Servic	e/Relationship:	Inter	rest Rate:	Term Flexibi	Term Flexibility:			
I UNDERSTAND THAT, AS A PART OF PI WILL PROVIDE APPLICABLE INFORMAT: WRITTEN REQUEST ADDITIONAL INFOI PROVIDED.	ION CON	CERNING CHARACTER, GE	NERAL RE	PUTATION & PER	SONAL CHARACTE	RISTICS			
			Agency Pri	ncipal					