



ILLINOIS CASUALTY COMPANY
A MUTUAL INSURANCE COMPANY

225 20th Street, PO Box 5018, Rock Island, IL 61204-5018
Phone: 309-793-1700 Fax: 309-793-1707 Toll Free: 800-445-3726

AGENCY PROFILE

Agency Information:

Agency Legal Name:

Doing Business As (if applicable):

Agency Phone () _____ Agency Fax () _____ Agency E-mail _____

Type of Business: Proprietorship Partnership Limited Liability Company Corporation Sub S Yes No

Tax Identification Number _____

Agency _____

Agency _____

Mailing _____

Street _____

Address _____

Address _____

County _____

Year agency established _____ Year present ownership established _____

How did current ownership evolve? Merger Acquisition Initial Ownership Other _____

Ownership Information

Name	Address	*Type	% Ownership

* Type is (i) proprietor (p) partner (m) member (s) stockholder

Agency Primary Contact Person for Illinois Casualty: _____
(Name) (Title) (Email)

Agency Accounting Contact Person _____ E-mail Address _____

Agency Claims Contact Person _____ E-mail Address _____

Agency Information Technologies Contact Person _____ E-mail Address _____

Agency Property & Casualty **Premium Volume** (last year-end) _____

Personal Lines _____

Commercial Lines _____

(all of the following relate to **Commercial Lines only**)

% excess surplus lines _____ % brokered to others _____

% nonstandard _____ % brokered from others _____

Agency Information (continued):

Errors & Omissions Information: (attachment of E&O Declarations will suffice, minimum \$1,000,000 required)

Errors & Omissions Company _____

Policy Number _____ Policy Period _____

Limits _____ Deductible _____

Non-insurance Activities:

Is agency involved in any business activity in addition to insurance? Yes No If yes, explain: _____

Marketing Plan:

Does agency have a specific written marketing plan? Yes No

Does agency have a target/niche marketing program that includes restaurants, taverns and/or package liquor stores? Yes No

If yes, are there any transfer opportunities? Yes No

If yes, Company _____ Written Premium \$ _____ Loss Ratio _____ %

Company _____ Written Premium \$ _____ Loss Ratio _____ %

How will the agency produce business for placement with Illinois Casualty Company?

Does your agency accept any outside "brokerage" business from persons other than full-time licensed employees or agency-exclusive licensed insurance producers? Yes No

How much premium volume do you expect to generate with ICC? Next 12 mos. _____ 24 mos. _____ 36 mos. _____

Indicate the state(s) in which you wish to represent Illinois Casualty Company. _____

Perpetuation Plan:

Does agency have a specific written perpetuation plan? Yes No If yes, explain _____

Automation:

Does your agency have a website? Yes No Web Address: http:// _____

Does your agency operate an agency management system? Yes No

If yes, what vendor? _____ Release _____

Is agency on-line with any internet service? Yes No

If yes, which one? _____

Does your agency E-mail have the ability to receive files larger than 5 mega-bytes? Yes No

Is agency on-line with any insurance company? Yes No

If yes, what company(ies)? _____

If no, planning to be within the next 12 months? Yes No

Does agency have download capability with any insurance company? Yes No

If yes, what company(ies)? _____

If no, planning to be within the next 12 months? Yes No

Does agency have upload capability with any insurance company? Yes No

If yes, what company(ies)? _____

If no, planning to be within the next 12 months? Yes No

INFORMATION FOR OTHER COMPANIES REPRESENTED

List company data as specified in the charts below. Rank top 3 carriers in order and all other companies represented in any order thereafter. For high loss ratio results, please explain. Be *certain* to list all companies where insurance for the food and beverage industry is written.

COMMERCIAL:		Last Full Year _____		Second Prior Year _____		Third Prior Year _____	
Company	Appointed Date	WP	LR	WP	LR	WP	LR
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

LIQUOR LIABILITY:		Last Full Year _____		Second Prior Year _____		Third Prior Year _____	
Company	Appointed Date	WP	LR	WP	LR	WP	LR
1							
2							
3							
4							
5							

The undersigned represents that: (1) all information contained herein and submitted herewith is complete and accurate to the best of his/her knowledge; and (2) the undersigned is solvent and has sufficient financial resources to pay any and all credit extended the undersigned by Illinois Casualty Company. The undersigned acknowledges that Illinois Casualty Company may from time-to-time, at its option, conduct business credit and reference checks.

Dated at _____ this _____ day of _____, 20 _____.

Agency _____ by _____
(Name)

(Title)