

Company Profile Questionnaire – 2011

1. Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

2. Home Office Location

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. In what states do you do business?

4. Percent of business written through:

Independent Agents: _____% and direct _____%

5.

% of Split Business		Written Premium \$\$	IL Only Written Premium \$\$
Commercial Lines	_____ %	\$ _____	\$ _____
Personal Lines	_____ %	\$ _____	\$ _____
Specialty	_____ %	\$ _____	\$ _____
Health		\$ _____	\$ _____
Life		\$ _____	\$ _____
Other: _____		\$ _____	\$ _____

6. Number of agencies in Illinois: _____

7. Do you focus your underwriting in any specific industry? _____

8. Do you focus your underwriting in any specific line of coverage (i.e. WC)? _____

9. Do you have any "program business"? If yes, please describe: _____

10. Do you have a loss control department? _____

11. Where is your underwriting staff located? _____

12. Where is your claims staff located? _____

Do you use independent adjusters? Yes No

13. Do you use marketing representatives? (If yes, please email a list of names & territories to Rachel Romines at rromines@iiaofillinois.org.) Yes No

Do they have underwriting authority? Yes No

14. What methods do you use to distribute your insurance products (i.e. independent agents, direct, Internet, assn. plans, etc.)? _____

15. What commission percentage do you pay?

Personal Lines

Auto _____%

Home _____%

Umbrella _____%

Commercial Lines

BOP _____%

Package _____%

Property _____%

GL _____%

Auto _____%

Workers' Comp _____%

Umbrella _____%

Specialty Lines _____%

16. What is your business plan for Illinois regarding projected growth in premium?

What products and/or industries do you plan to target?

Any new distribution methods planned for introduction?

What is your plan for agency appointments in Illinois? Grow/reduce/maintain?

Do you plan to extend into any new geographic areas in Illinois?

17. What are your premium volume requirements?

First Year _____ Second Year _____ Third Year _____

Life or health premium volume requirements?

First Year _____ Second Year _____ Third Year _____

Profit Sharing?

First Year _____ Second Year _____ Third Year _____

18. What is your company position on agency profit sharing agreements (i.e. elimination, maintain, revise, introduce guarantee agreements)?

19. Is your company currently utilizing a real-time multiple company rating system to interact with agency management systems or comparative raters? Yes No

If yes, what rating system? _____

If not, what is your current real-time strategy? _____

20. What online services do you offer agents? _____

21. What is your company's top technology initiative to benefit agency workflows? _____

22. What type of training is offered to your agents for both products and sale? _____

23. Please describe the agency that best matches your company profile (i.e. size of agency, geographic area, agency experience, premium volume required, etc.): _____

24. Does your company support the Trusted Choice initiative by IIABA? Yes No
25. How active is your company on a state and national level? _____

26. What concerns, changes, or challenges does your company face now and in the future? _____

27. Would your company have interest in participating in a collective "meet the markets" meeting with Illinois agents seeking appointments? Yes No
28. What is your single most important item, service or initiative that the IIA of IL can offer you? _____

Contact Dennis Garrett with questions or concerns:

(800) 628-6436, ext. 3018

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