

## 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?

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Any new distribution methods planned for introduction?

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

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

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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)?

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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? \_\_\_\_\_

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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

[dgarrett@iiaofillinois.org](mailto:dgarrett@iiaofillinois.org)