



Abram Interstate Insurance Services, Inc.
 2211 Plaza Drive, Suite 100, Rocklin, CA 95765
 Phone **(916) 780-7000** or **(800) 955-4465**
 Fax **(916)780-7181** www.AbramInterstate.com
 License # 0D08440

Agency Profile Questionnaire

Your cooperation is appreciated in completing the following questionnaire.
 Any and all information, verbal or written, will be held by us in the strictest confidence.

Agency Name: _____
 Corporation ____ Partnership ____ Individual ____ Agency License # _____

Names of Principals & Titles: _____

Street Address: _____

Mailing Address (if different): _____

Social Security # _____ Tax ID # _____ Year Agency Formed _____
 Phone: _____ Fax: _____ E-mail: _____

Preferred Method of Contact (please check one): Email Phone Fax

General Agents or Wholesalers Contracted with:
 1) _____
 2) _____
 3) _____

Direct Contract Companies:
 1) _____
 2) _____
 3) _____

FSC # _____ ADR # _____

Agency Management System: _____ Rating Systems used: _____

Premium Volume: Personal Lines _____ Commercial Lines _____

How did you hear about Abram Interstate: _____

Bank References:
 Name: _____ Address: _____
 Phone: _____ Account Number: _____

Do you maintain E & O Insurance for Property and Casualty Insurance Sales: Y / N Effective Date: _____
 Company Name: _____ Policy Number: _____

What other coverages, products, and programs do you have a need for: _____

The undersigned hereby declares that the answers with respect to the foregoing questions are true, complete and accurate with no misrepresentation, omission or any other concealment of fact. Producer warrants that it will act in accordance with applicable State and Federal Privacy Laws. Producer further expressly gives permission to General Agent to provide various marketing information and materials from time to time, including facsimiles and e-mails sent to producer's place of business. If you do not wish to receive these materials, you agree to notify General Agent in writing at the location listed at the bottom of this agreement.*

Date: _____ Completed & Signed by: _____ Title: _____

* _____