

**BROKERAGE PROFILE**  
**Strictly Confidential**

Brokerage Legal Name \_\_\_\_\_

\_\_\_ Corp \_\_\_ Partnership \_\_\_ LLC \_\_\_ Other \_\_\_ Website \_\_\_\_\_

Brokerage Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Location Address \_\_\_\_\_

Years operated under current name \_\_\_ Previous name(s) \_\_\_\_\_

Principal's Name	Title	Yrs. Insurance Experience

Contact Person & Title \_\_\_\_\_

Automation System: Hardware \_\_\_\_\_ Software \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Commercial Producers \_\_\_\_\_

Number of Employees with: CPCU \_\_\_ CIC \_\_\_ CISR \_\_\_ CPIW \_\_\_ ARM \_\_\_

Number of Producers with >50% of activity in Restaurant Business \_\_\_\_\_

Agency (not brokerage) contracts currently with (largest 4) carriers:

Carrier \_\_\_\_\_ Carrier \_\_\_\_\_

Carrier \_\_\_\_\_ Carrier \_\_\_\_\_

Firm's Total Commercial Business:

	Annual Premium	Annual Revenue	Approx. # of Risks
Total (incl. Restaurants)			
Restaurants Only			

Breakdown of firm's total restaurant business (either by Premium OR Revenue):

LOB	\$ Annual Premium	\$ Annual Revenue
Package		
Workers' Compensation		
Umbrella		
Auto		
Other		

Top 3 markets and volume now used to place restaurant business: (1) \_\_\_\_\_

\_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Loss Ratios for these 3 markets (Indicate whether for all business or restaurant business):  
**Attach carriers' premium/loss exhibits**

Carrier	Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year	Restaurant or All

What are the three biggest obstacles you face in attempting to increase or maintain your restaurant book of business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe the methods you use to write new restaurant business and which do you find most successful:

Most successful: \_\_\_\_\_

Next most successful: \_\_\_\_\_

Next most successful: \_\_\_\_\_

E&O Carrier	
Policy Number	
Expiration Date	
Limits	
Deductible – Indemnity	
Deductible – Defense	

Domicile State \_\_\_\_\_ License # \_\_\_\_\_ Expiration \_\_\_\_\_

Other states in which licensed: \_\_\_\_\_

\_\_\_\_\_

Profile completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: Innovative Coverage Concepts, 8 Wood Hollow Road, Parsippany, NJ 07054  
Personal and Confidential – Dean Carras. Include copy of Domicile state license  
and copy of E&O declarations page or Certificate of Insurance.**