



Prospective Member Information Sheet

Company Name _____

Phone _____ Fax _____ Website _____

Date Established _____

Firm is a Sole Proprietor Partnership Corporation Other

Is your agency independently owned & operated? Yes No

Does your agency have a perpetuation plan in place? Yes No

Main Office | Mailing Address

Street 1 _____

Street 2 _____

Town/City _____ State _____ Zip Code _____

Main Office | Physical Address

Street 1 _____

Street 2 _____

Town/City _____ State _____ Zip Code _____

Company has multiple locations. If so, please attach a list of all company locations.



E&O Carrier _____

Limit _____

Deductible _____

Total # of Employees (all offices) _____

List of Key Personnel

Name(s)

Position(s)

Email Address(s)

Name(s)	Position(s)	Email Address(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company is operating in the following State(s)

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> HI | <input type="checkbox"/> ME | <input type="checkbox"/> NJ | <input type="checkbox"/> SD |
| <input type="checkbox"/> AL | <input type="checkbox"/> IA | <input type="checkbox"/> MI | <input type="checkbox"/> NM | <input type="checkbox"/> TN |
| <input type="checkbox"/> AR | <input type="checkbox"/> ID | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> TX |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MO | <input type="checkbox"/> NY | <input type="checkbox"/> UT |
| <input type="checkbox"/> CA | <input type="checkbox"/> IN | <input type="checkbox"/> MS | <input type="checkbox"/> OH | <input type="checkbox"/> VA |
| <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> MT | <input type="checkbox"/> OK | <input type="checkbox"/> VT |
| <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> NC | <input type="checkbox"/> OR | <input type="checkbox"/> WA |
| <input type="checkbox"/> DE | <input type="checkbox"/> LA | <input type="checkbox"/> ND | <input type="checkbox"/> PA | <input type="checkbox"/> WI |
| <input type="checkbox"/> FL | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> RI | <input type="checkbox"/> WV |
| <input type="checkbox"/> GA | <input type="checkbox"/> MD | <input type="checkbox"/> NH | <input type="checkbox"/> SC | <input type="checkbox"/> WY |



Total Annual Volume (all offices) _____

Splits by

- | | | | | |
|----|-------------------|---------|------------------|---------|
| 1. | Wholesale | _____ % | Retail | _____ % |
| 2. | Binding Authority | _____ % | Brokerage | _____ % |
| 3. | Personal Lines | _____ % | Commercial Lines | _____ % |

Consisting of

Personal Lines

- | | |
|------------------|---------|
| Homeowners | _____ % |
| Dwelling | _____ % |
| Pers. Auto | _____ % |
| Pers. Watercraft | _____ % |
| Pers. Umbrella | _____ % |
| Flood | _____ % |
| Other | _____ % |

Commercial Lines

- | | |
|-------------------|---------|
| Property | _____ % |
| General Liability | _____ % |
| Commercial Auto | _____ % |
| Inland Marine | _____ % |
| Comm. Umbrella | _____ % |
| Workers Comp. | _____ % |
| Professional | _____ % |
| Other | _____ % |

Binding Authority Carriers Represented (List Top 5)

- | | | |
|----------|-----------------------|--|
| #1 _____ | Sit on Agency Council | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| #2 _____ | Sit on Agency Council | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| #3 _____ | Sit on Agency Council | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| #4 _____ | Sit on Agency Council | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| #5 _____ | Sit on Agency Council | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has your agency lost or terminated any binding authority contracts in the last 3 years?

Yes; please advise details: _____

No

Are you in need of a new market?

Yes; please describe market/product you are looking to obtain: _____

No



How did you hear about NAGA? _____

How do you feel being a member of NAGA would benefit your agency? _____

Would your agency be interested in joining any NAGA committees? Yes No

If yes, please advise which committee(s) you would have interest in participating:

Automation Education Events Legislative Marketing Membership

Insurance organizations in which your office is a member

WSIA PLUS Professional Ins. Agents (PIA)
 Target Markets Big I _____

Has your agency held any association leadership positions? Yes No

Is any other information you would like to provide?

Completed by _____ Email Address _____

Date _____ Phone Number _____

By clicking SUBMIT below, this form will automatically be emailed to the current NAGA board members. A NAGA member will be in touch with your agency to discuss membership and answer any questions you may have. Thank you for your interest in NAGA.

SUBMIT

