



22 Century Hill Drive, Suite 103  
 Latham, NY 12110 - 1423  
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 Fax: (800) 214-9486  
[www.iltfacilities.com](http://www.iltfacilities.com)

**BROKER PROFILE**

*\*Please print clearly, attach additional sheet if necessary  
 Fax completed form to (800) 214-9486*

**General Information:**

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Main Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Accounting Contact: \_\_\_\_\_

**Office / Staffing Information:**

Year Firm Established: \_\_\_\_\_

	Current Year	Previous Year
# of Principals / Partners / Owners:	_____	_____
# of Officers, Directors, Managers:	_____	_____
# of Licensed Brokers / Agents:	_____	_____
# of Other Office Staff:	_____	_____
<b>TOTAL STAFF:</b>	_____	_____

**Insurance & License Information:**

E&O Coverage:  
 Limits: \_\_\_\_\_ Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fidelity Bond Coverage:  
 Limits: \_\_\_\_\_ Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List States your firm is licensed in:

State: _____	License #: _____	State: _____	License #: _____
State: _____	License #: _____	State: _____	License #: _____
State: _____	License #: _____	State: _____	License #: _____

**Agency Information:**

Personal Lines Volume: _____ %	Life / Health Volume: _____ %
Commercial Lines Volume: _____ %	Misc. (please describe): _____ %

Retail vs. Wholesale Operations:  
 Retail: \_\_\_\_\_ %  
 Wholesale: \_\_\_\_\_ %

Breakdown of Commercial Book of Business:

Apartment & Condominiums: _____ %	Property / Real Estate: _____ %
Hotel & Motel: _____ %	Restaurant: _____ %
Manufacturing: _____ %	Other (please describe): _____ %
Professional Liability / E&O: _____ %	

Comments / Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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