

Risk *Innovations* INSURANCE AGENCY, LLC

Date ____/____/20____

Agency Information:

Agency Name: _____

Physical Address: _____

Mailing Address: _____

Branch Office Address/Addresses: _____

Phone Number: _____

Fax Number: _____

Web Address: _____

Agency Principal: _____

Agency Principal's Email Address: _____

Agency Primary Contact: _____

Primary Contact's Email Address: _____

Years in Business: _____

Agency Social Media:

Agency Facebook Page: _____

Agency Twitter Profile: _____

Agency LinkedIn Company Page: _____

Tell us more about your agency:

Lines of Business Written: _____

Total Agency Volume: _____

Mix of Business: _____ % Personal Lines _____ % Workers' Compensation

Does your agency specialize in a certain line of business/niche? _____

Which carriers are you contracted direct:

Personal Lines: _____

Workers' Compensation: _____

Which wholesale brokers are you working with?

Personal Lines: _____

Workers' Compensation: _____

Please provide a copy of the following agency documents for our records:

- Agency Principal's Insurance License
- Agency State License
- Agency's E & O Dec Page
- A current list of agency employees (Please include work email addresses & phone numbers)

Additional Required Documents:

- Risk Innovation's Broker Agreement
- W-9
- ACH Form/Authorization Agreement for Agency Commission Direct Deposit (please include a voided check)

Please return to:
The Marketing Department
Risk Innovations Insurance Agency, LLC
marketing@riskinnovations.com
7000 Central Parkway,
Suite 1100
Atlanta, GA 30328
1-800-913-6696