PROPOSAL FORM FOR INSURANCE AGENT SERVICE

AGENCY NAME:				
AGENT'S NAME:				
ADDRESS:				
PHONE NUMBER:				
DATE ESTABLISHED:				
BRIEF DESCRIPTION OF AG	GENCY'S HISTO	ORICAL BACKGR	ROUND:	

Describe your continuous experience	ce with business or comme	ercial insurance for the
five (or more years).		
List other governmental risks writte	n by proposer in the last fi	ve years:
GOVERNMENTAL UNIT	PHONE #	INSURER
Furnish the following information c		
Furnish the following information c		
Furnish the following information c Name of Insurer:	oncerning your Agent's Pr	ofessional Liability Ins

5.	List your agency's premium	volumes rates*, by category, as follows:
	Personal Lines	
	Governmental Lines	
	Commercial Lines	
	*Rate categories:	
	RATE	DOLLAR LIMITS
	1	Under \$500,000
	2	\$501,000 to \$1,000,000
	3	\$1,000,001 to \$2,500,000
	4	Over \$2,500,000

If your office is a branch or subsidiary office of a national or multi-office firm, also show the same information for your office.

Name #1:		
Name #2:		
Title:	 	
•		
Title:		
•		
Name #4:		
TD' 41		
Experience:		
Name #5:		
Title:	 	

Describ Proposa	e how you intend to meet the City's als:	service needs	as defined in the	e Request fo
•				
What co	ommission will you charge for the se	rvices provide	ed on a premium	n percentage
		1	•	1 0
fee) bas	18?			
	Property/Casualty and Liquor Liab	oility @		%
	Workers Comp	ensation @	2 % (set)	