

Client Profile Form

To explore the opportunity to establish a relationship with Russell Bond, please return this completed profile, along with a copy of your Errors & Omissions dec page, to marketing@RussellBond.com.

Name:

Trade Operating
Name:

Business Entity Type:

If other:

Physical
Address:

City:

State:

Zip:

Contact Information

Primary Contact

Name:

Title:

Email:

Phone:

Agency Overview

Website:

Do you have a Trust Account:

Cluster / Aggregator Affiliation:

Total Employees:

CSR's:

Producers:

Companies

Top Standard Lines Carriers (by premium)

Insurer:

Insurer:

Insurer:

Top Existing Wholesalers (by premium)

Wholesaler:

Wholesaler:

Wholesaler:



Client Profile Form (con't)

Affiliations

PIA

Big I

CPCU

Other

Disciplinary Actions

Has your agency or any of the principals of your agency been involved in a lawsuit, disciplinary action, arbitration or mediation with any insurance company or state agency?

Yes

No

If Yes, please explain:

How did you learn about Russell Bond:

Internet Search

Advertisement

Referral

Other

Reason for appointment request:

Exploring wholesaler options

Specific account needs

Issues with current wholesaler

Other

Sales Territory:

Coverage needs:

Aviation

Excess Flood & Quake /

DIC Excess Work Comp.

Financial Institutions

Garage

Healthcare / Malpractice

International

Liquor Liability

Marine – Inland / Ocean

Municipalities

Personal Lines

Pollution / Environmental

Products Liability / Recall

Special Events

Transportation / Auto

Professional Lines

Cyber Liability

Directors &

Officers EPLI

Errors & Omissions

