

**SELLER'S SURVEY**  
**(USE ATTACHMENTS IF NEEDED TO RESPOND)**

**Fax To: CHAD MAXWELL**  
**(913) 661 - 0175**

**GENERAL INFORMATION**

Agency Entity Name: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Trade (D/B/A) Name(s) \_\_\_\_\_

Type of Agency Entity: Corporation ; LLC ; Sole Proprietorship ; Other  (please specify) \_\_\_\_\_

Principal(s) and Title(s): \_\_\_\_\_

Agency/Corp Address: \_\_\_\_\_

PO BOX (if applicable): \_\_\_\_\_

Website: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Year Agency Established: \_\_\_\_\_ How long have you owned the agency? \_\_\_\_\_

Additional Locations (Current and in Last 5 years): \_\_\_\_\_ Additional Location Phone/Fax: \_\_\_\_\_ Commissions by Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMISSIONS TOTALS**

Trailing 12 Months: \_\_\_\_\_ Previous Calendar Year: \_\_\_\_\_ Projected 12 Months: \_\_\_\_\_

Has Agency purchased or sold a book of business in the last two (2) years? (Yes/No) \_\_\_\_\_

If yes, when and amount of commissions? \_\_\_\_\_

**COMMISSION TOTALS BY CATEGORY (for trailing 12 months)**

P&C Commission: \_\_\_\_\_ Commercial Lines Commission: \_\_\_\_\_

L&H Commission: \_\_\_\_\_ Personal Lines Commission: \_\_\_\_\_

Crop Hail Commission: \_\_\_\_\_ Standard Carrier Commission: \_\_\_\_\_

Multi-Peril Crop Insurance: \_\_\_\_\_ Non-Standard Carrier Commission: \_\_\_\_\_

Agency Bill Commission: \_\_\_\_\_ E&S Business Commission: \_\_\_\_\_

Direct Bill Commission: \_\_\_\_\_ Brokered Commissions Through Other Agent(s): \_\_\_\_\_

Trailing 12 months Contingency/Profit Sharing: \_\_\_\_\_ Trailing 12 months Policy & Broker Fees: \_\_\_\_\_

**LARGE COMMERCIAL ACCOUNTS for trailing 12 months**

	Number of Accounts which Generate:	Total Amount Commission for these Accounts:
\$2,500 to \$5,000 in Commission:	_____	_____
\$5,000 to 10,000 in Commission:	_____	_____
\$10,000 to 20,000 in Commission:	_____	_____
\$20,000 to \$50,000 in Commission:	_____	_____
\$50,000 Commission and greater:	_____	_____

**PRODUCERS**

Producer Name	Years with Agency	Most Recent 12 Month Commission	Vested (Yes or No)	Written Agreement (Yes or No)	If Yes, does it include Non-Solicitation (Yes or No)

(please attach a complete list if necessary)

**EMPLOYEES & STAFF**

Employee Name	Years with Agency	Salary (Per Hour or Annual)	Vested (Yes or No)	Written Agreement with Non-Solicitation (Yes or No)

(please attach a complete list if necessary)

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**PREMIUM & LOSS HISTORY (from company production reports)**

Company Name (10 largest by Annual Premium)	Annual Premium Volume	Year To Date Loss Ratio	1st Prior Year Loss Ratio	2nd Prior Year Loss Ratio	3rd Prior Year Loss Ratio
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					

Companies (not listed above) with premiums greater than \$50,000 annually: \_\_\_\_\_

**ERRORS AND OMISSIONS**

E&O Carrier: \_\_\_\_\_; Limits: \_\_\_\_\_

Please describe any losses: \_\_\_\_\_

Please list any pending E&O Claims: \_\_\_\_\_

**OTHER**

Are there any liens existing on the agency assets (Yes/No)? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Are there any family members working for or at the agency (Yes/No)? \_\_\_\_\_

Do you own the building where your office(s) is/are located (Yes/No)? \_\_\_\_\_

**PROPOSED TERMS**

Suggested Asking Price: \$ \_\_\_\_\_ Suggested Payment Terms: \_\_\_\_\_

Does Suggested Asking Price include Tangible Assets (Yes/No)? \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Home Address and Phone Number (for purposes of notice and payment): \_\_\_\_\_

Reason for selling: \_\_\_\_\_

I represent and warrant that the information disclosed in this Seller's Survey is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENTS**

**CHECK**

TWO YEAR AND YTD PROFIT AND LOSS STATEMENTS

PRODUCTION REPORTS FOR TOP 10 COMPANIES

THREE YEAR TAX RETURNS

REAL ESTATE LEASE(S)

OTHER ATTACHMENT (PLEASE DESCRIBE) \_\_\_\_\_