## © AGENCY PROFILE

## **CONTACT US:**

## **ADDRESS:**

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Agency Name

Business address City State Zip Code If business address is P.O. Box, list street address

Additional agency locations: **Business Phone** Fax Email Tax ID # License # Contact Person/Title Year Agency Est. Current Owner(s) years in business Ownership (include all Owners and Partners) Name Title % of Ownership Name Title % of Ownership Name Title % of Ownership

## Frequently Used MGA's / Insurance Carriers

Name of MGA / Insurance Carrier Contact Name Email	Phone #	
Name of MGA / Insurance Carrier Contact Name Email	Phone #	
Name of MGA / Insurance Carrier Contact Name Email	Phone #	
Total P&C Volume % is Commercial Annual Premium Financed Vol. Average size Acct Type of Coverage Financed Current Premium Finance Vendor Current Memberships (IIA, PIA, other) Is Your Agency Part of a Cluster Group Yes Agency Management System Currently Using	No	lf

lf yes, name

Signature Title Date

What brings you to Peoples Premium Finance

What is Your Funding Preference:

Total Number of Employees