



# Checklist

## Agreement

**Ownership of business or agency** Yes  No

**Name on the policies issued**

Associate/Member Agency Yes  No

Aggregator, Cluster or Network Yes  No

**Access to Insurance Carriers**

Direct by Associate/Member Yes  No

Aggregator, Cluster or Network Yes  No

**Association/Membership Requirements**

**Amount**

Direct Written Premium Yes  No  \$ \_\_\_\_\_

Other Organization Membership Yes  No

**Initial Association/Membership Fee**

**Amount**

Paid in Full Yes  No  \$ \_\_\_\_\_

Payment Structure Yes  No

**Monthly Association/Membership Fee**

\$ \_\_\_\_\_

Fee Amount Capped Annually Yes  No  \$ \_\_\_\_\_

**Basis of Association/Membership Fees**

\_\_\_\_\_

**Termination of Association/Membership**

Notice Required Yes  No

Length of Time \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years

Penalties/Payments Yes  No

Amount/Percentage \$ \_\_\_\_\_ %

Future Restrictions Yes  No

Length of Time \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years



# Checklist

## Revenue

### Commission Amount Paid

	New Business	Renewal
Personal Lines	_____ %	_____ %
Commercial Lines	_____ %	_____ %
Workers Compensation	_____ %	_____ %
Life and Health	_____ %	_____ %

### Commission Payments

Direct to Associate/Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aggregator, Cluster or Network	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Frequency	Monthly	Quarterly	Annual

### Bonus Commissions Paid

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Associate/Member
New Business			_____ %
Growth			_____ %
Retention			_____ %

### Profit Share/Contingencies

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Associate/Member
Personal Lines			_____ %
Commercial Lines			_____ %
Payment Due Date	_____		

### Production Level Requirements

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount
Insurance Carriers			\$ _____
Aggregator, Cluster or Network			\$ _____

### Loss Ratio Requirements

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage
Insurance Carriers			_____ %
Aggregator, Cluster or Network			_____ %

## Agency Development

<b>Insurance Carrier/Market Access</b>			<b>Number</b>
National Carriers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Regional Carriers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Specialty Carriers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Wholesalers/General Agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

### Agency Operations

Increased Revenue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Improved Procedures and Processes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Technology Vendors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Technology Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Group E & O Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Sales, Marketing and Support

Technology Vendors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead Generation		
Personal Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commercial Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Advertising – Local and National	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co Op Reimbursement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Carrier Programs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Producer Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WebEx Seminars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perpetuation Support/Planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Premium Finance Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Associate/Member Meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>