

# Evolution Partners Membership Application



## General Information

YOUR NAME		I AM A PRINCIPAL/OWNER OF THE AGENCY YES NO	
AGENCY NAME (as it appears on licenses)			
DBA (if applicable)		WEBSITE ADDRESS	
LEGAL ENTITY SOLE PROPRIETOR      PARTNERSHIP      CORPORATION      LIMITED LIABILITY COMPANY      OTHER			
MAILING ADDRESS			
CITY		STATE	ZIP
PHYSICAL ADDRESS (if different than mailing)			
CITY		STATE	ZIP
CONTACT EMAIL ADDRESS		PHONE	FAX
FEDERAL TAX ID NUMBER		NUMBER OF YEARS IN BUSINESS	AGENCY LICENSE NUMBER

## Carrier & Production Information

TOTAL AGENCY ANNUAL PREMIUM VOLUME	NUMBER OF PRODUCERS	NUMBER OF CSR'S
TOTAL PERSONAL LINES ANNUAL PREMIUM VOLUME	TOTAL COMMERCIAL LINES ANNUAL PREMIUM VOLUME	

## Carriers Represented (attach additional pages if necessary)

<b>CARRIER 1</b>	NAME OF CARRIER		DIRECT APPOINTMENT	WHOLESALER/MGA	ESTIMATED ANNUAL PREMIUM VOLUME
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER PERSONAL	COMMERCIAL	BOTH	WOULD YOU LIKE TO MOVE TO EVOLUTION? YES NO
<b>CARRIER 2</b>	NAME OF CARRIER		DIRECT APPOINTMENT	WHOLESALER/MGA	ESTIMATED ANNUAL PREMIUM VOLUME
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER PERSONAL	COMMERCIAL	BOTH	WOULD YOU LIKE TO MOVE TO EVOLUTION? YES NO
<b>CARRIER 3</b>	NAME OF CARRIER		DIRECT APPOINTMENT	WHOLESALER/MGA	ESTIMATED ANNUAL PREMIUM VOLUME
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER PERSONAL	COMMERCIAL	BOTH	WOULD YOU LIKE TO MOVE TO EVOLUTION? YES NO
<b>CARRIER 4</b>	NAME OF CARRIER		DIRECT APPOINTMENT	WHOLESALER/MGA	ESTIMATED ANNUAL PREMIUM VOLUME
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER PERSONAL	COMMERCIAL	BOTH	WOULD YOU LIKE TO MOVE TO EVOLUTION? YES NO

# Evolution Partners

## Membership Application Page 2



### Carriers Needed (attach additional pages if necessary)

<b>CARRIER 1</b>	NAME OF CARRIER		ESTIMATED ANNUAL PREMIUM VOLUME COMMITMENT
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER COMMERCIAL    PERSONAL    BOTH	
	WHAT TARGET INDUSTRIES OR AREAS OF SPECIALIZATION DO YOU NEED THIS CARRIER FOR?		
<b>CARRIER 2</b>	NAME OF CARRIER		ESTIMATED ANNUAL PREMIUM VOLUME COMMITMENT
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER COMMERCIAL    PERSONAL    BOTH	
	WHAT TARGET INDUSTRIES OR AREAS OF SPECIALIZATION DO YOU NEED THIS CARRIER FOR?		
<b>CARRIER 3</b>	NAME OF CARRIER		ESTIMATED ANNUAL PREMIUM VOLUME COMMITMENT
	ESTIMATED QUOTES PER MONTH	TYPE OF CARRIER COMMERCIAL    PERSONAL    BOTH	
	WHAT TARGET INDUSTRIES OR AREAS OF SPECIALIZATION DO YOU NEED THIS CARRIER FOR?		

### Agency Technology

AGENCY MANAGEMENT SYSTEM	COMPARATIVE RATING SYSTEM(S)
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OTHER SALES AND MARKETING SYSTEMS USED (CRM, LEAD GENERATION, MARKETING AUTOMATION)

PREMIUM FINANCE COMPANIES USED

### Agency Business Plan

AREAS OF SPECIALIZATION IN YOUR AGENCY

ANY AREAS THAT YOU WOULD LIKE TO TARGET OR SPECIALIZE IN (WITH THE RIGHT CARRIERS)?

HOW CAN WE BEST ASSIST YOUR AGENCY TO PROMOTE TARGET MARKETING (LEADS, NICHE PROGRAMS, ETC.)

HOW CAN MEMBERSHIP IN EVOLUTION HELP YOUR AGENCY GROW?

# Evolution Partners

## Membership Application Page 3



### Agency Business Plan (continued)

HOW DOES YOUR AGENCY GENERATE NEW BUSINESS?

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HOW MUCH DO YOU PLAN TO GROW YOUR AGENCY THIS YEAR? (%)

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DO YOU ADVERTISE? IF SO, WHAT TYPE OF ADVERTISING DOES YOUR AGENCY DO?

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DOES YOUR AGENCY TELEMARLET OR INVEST IN LEAD GENERATION?

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DO YOU BELONG TO ANY ASSOCIATIONS?

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DO YOU CURRENTLY HAVE ANY PROGRAM BUSINESS OR HAVE PLANS TO PURSUE IN THE NEAR FUTURE?

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DO YOU PLAN ON HIRING PRODUCERS OR ADDING TO YOUR SALES FORCE?

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ADDITIONAL INITIATIVES AND GROWTH PLANS:

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PREMIUM GOALS	PROJECTED QUOTES PER MONTH	AVERAGE WRITTEN PREMIUM PER POLICY	PROJECTED NUMBER OF POLICIES ISSUED MONTHLY
1ST YEAR			
2ND YEAR			
3RD YEAR			