



Shoemaker & Besser Associates, Inc.

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Agency Profile

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE:() _____

FAX:() _____

E-MAIL ADDRESS _____

AGENCY TYPE: () INDIVIDUAL () PARTNERSHIP () CORPORATION

ESTIMATED ANNUAL PREMIUMS: _____ COMM'L _____ PERSONAL _____

COMPANIES REPRESENTED		GENERAL AGENTS REPRESENTED	
<u>Name</u>	<u>Premium</u>	<u>Name</u>	<u>Premium</u>

OWNERS, PRINCIPALS, CONTACTS

NAME	TITLE	YRS LICENSED

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