

General Information About Your Company

So that PLRB can better serve your company, please provide the following information:

Company/Group Name: _____

Street Address: _____
Street Address City, State Zip Code

Mailing Address: _____
P. O. Box (or "same" if no P. O. Box) City, State Zip Code

Phone: _____ Fax: _____

• **Principal Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(Note: This person will coordinate distribution of PLRB materials and services, receive bulletins and announcements, and make decisions on other association matters.)

• **CEO or President:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Senior Claims Officer:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Principal Claims Training Director:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead Property Underwriter:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead Casualty Underwriter:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead House Counsel:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Catastrophe Director:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Information Technology Director or VP:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Dues Invoice Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(Note: This person will receive and be responsible for payment of annual membership dues invoices.)

• **Assessable Premiums Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(Note: This person will be requested to provide us with your assessable premiums.)

• **Number of Field Claim Offices:** _____ • **Number of Claims Supervising Offices:** _____

Please return completed forms to the Property & Liability Resource Bureau via e-mail at ehelin@plrb.org, fax at (630) 724-2260, or by mail at PLRB, 3025 Highland Parkway, Suite 800, Downers Grove, IL 60515-1291.

PLRB’s membership includes national carriers, small regional insurers, and everything in between. That’s because we offer something for everyone. Our content is deep and our website expansive. So, we want to personalize your company’s experiences with PLRB to make sure it makes the most of its PLRB membership. By responding to the company profile questions listed below, PLRB is better able to:

- Keep you fully aware of all the products and service *most relevant* to your company,
- Create new content of most interest to our members, and
- Select key claims locations for future in-person conferences.

Your company’s profile information is for PLRB’s internal purposes only. Individual company information from the questions below will not be shared with others outside of PLRB’s staff and Board. We simply want to help all of our members get the most out of their PLRB membership by personalizing their interactions with PLRB. If you have any questions about this or your PLRB membership, please do not hesitate to contact PLRB’s EVP, Jeff Kerensky, at kerensky@plrb.org or (630) 724-2212.

1. What percent of your business is Personal Lines_____ vs Commercial Lines_____?
2. What percent of your business is First Party_____ vs Liability_____?
3. What percent of your business is Auto_____?

Lines of Business/Types of Risk – Please highlight all lines of business/risks that your company writes:

| | | |
|-------------------------------------|---|------------------------|
| Auto – Personal (PA) | Dwelling/Landlord Policy | Jewelers Block |
| Auto – Commercial (CA) | Earthquake | Mobile Home Policy |
| Boatowners or Yacht | Farm/Ranch/Agribusiness Policy | Reinsurance |
| Businessowners (BP) | FAIR Plan | Religious Institutions |
| Commercial Property Policy (CP) | Garage/Dealership | Restaurants & Bars |
| Condo/Homeowners Association Policy | General Liability (GL) | Other_____ |
| Condo Unit Owners Policy | Homeowners/Renters (HO) | |
| Crime, Burglary & Theft | Inland Marine (Builder’s Risk, Cargo, Mobile Equipment, etc.) | |
| Cyber Coverage | | |

In what State(s) does your company write? Please highlight all applicable states:

| | | | | | |
|-------------|----------------------|---------------|----------------|----------------|---------------|
| All States | District of Columbia | Kentucky | Montana | Ohio | Utah |
| Alabama | Florida | Louisiana | Nebraska | Oklahoma | Vermont |
| Alaska | Georgia | Maine | Nevada | Oregon | Virginia |
| Arizona | Hawaii | Maryland | New Hampshire | Pennsylvania | Washington |
| Arkansas | Idaho | Massachusetts | New Jersey | Rhode Island | West Virginia |
| California | Illinois | Michigan | New Mexico | South Carolina | Wisconsin |
| Colorado | Indiana | Minnesota | New York | South Dakota | Wyoming |
| Connecticut | Iowa | Mississippi | North Carolina | Tennessee | |
| Delaware | Kansas | Missouri | North Dakota | Texas | |

Where are your major claim centers located? (Note City and State)
