



# AGENCY BUSINESS PLAN AND PROFILE

## American General Life Insurance Company (AGL)

A member of American International Group, Inc. (AIG)

### PART 1: Agency Data

Corporate Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Corporation     Partnership\*     Sole Proprietorship     LLC    Date of incorporation: \_\_\_\_\_  
\*provide a list of named partners

Licensed with the state  Yes  No    State Licenses: \_\_\_\_\_

**Business Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Principal Name:** \_\_\_\_\_ SSN: \_\_\_\_\_

Principal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1) Are you currently (or previously) contracted with any American General Companies (AGL or AGLA)?  No  Yes

Product: \_\_\_\_\_ \$ Premium \_\_\_\_\_ % of Business \_\_\_\_\_ Code(s) Number: \_\_\_\_\_

2) Are you a member of a National Marketing Organization?  No  Yes, (which one): \_\_\_\_\_

3) List all states in which you do business in: \_\_\_\_\_

### PART 2: Business / Market Information

1)	Products Sold	Annual Premium Agency Total	Annual Premium AGL yr 1 goal	Annual Premium AGL year 2 goal	Annual Premium AGL year 3 goal
<input type="checkbox"/>	Term				
<input type="checkbox"/>	Permanent (UL, IUL, WL)				
<input type="checkbox"/>	Annuity				
<input type="checkbox"/>	A&H				
<input type="checkbox"/>	Other				

2) What percent of your production is personally produced? \_\_\_\_\_ % (or annual premium \$ \_\_\_\_\_ )

3) Rank your current top three primary carriers:

# 1: \_\_\_\_\_ Product: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

# 2: \_\_\_\_\_ Product: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

# 3: \_\_\_\_\_ Product: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

**PART 2: Business / Market Information (continued)**

4) Business Market(s) / Products Promoted:

---

---

---

5) Marketing Strategies / Sales Concepts Promoted:

---

---

---

---

---

6) How does your Agency plan to introduce AGL Products and concepts to your agents (position, communicate, and train)?

---

---

---

---

7) What value does AGL bring to your business?

---

---

---

8) Will you utilize AGL as a primary company? (If not, what does AGL need to provide to become a primary company for your agency?)

---

---

---

9) What do you need from AGL in order to be successful (support, product, etc)?

---

---

---

---

---

**PART 3: Agency and Producer Information**

1) How does your organization spend its time?:

**Activity Percentages**

\_\_\_\_\_ Personal Production  
 \_\_\_\_\_ Agent Management / Administration  
 \_\_\_\_\_ Agent Training  
 \_\_\_\_\_ Recruiting  
 \_\_\_\_\_ (Other: \_\_\_\_\_ )  
**100% TOTAL**

2) Number of active Producers:

\_\_\_\_\_ In-House  
 \_\_\_\_\_ Detached

3) What are your future recruiting plans?

\_\_\_\_\_  
 \_\_\_\_\_

**PART 4: Back Office Support**

1) Which producer services are you providing?

- Screen, quality control L&C paperwork and New Business
- Submit all L&C applications and required New Business forms
- Provide pending case management services
- Provide case design and illustration support
- Provide all forms, supplies and marketing materials
- Provide product training and marketing support

2) Do you use an Agency Management system?  No  Yes, (which one): \_\_\_\_\_

3) Which eService Tools does your agency use and will utilize with American General Life?

<b>Electronic Services</b>	<b>Service Provider</b>
<input type="checkbox"/> Agent Appointment	
<input type="checkbox"/> Application / Ticket	
<input type="checkbox"/> Paramed ordering	
<input type="checkbox"/> Signature	
<input type="checkbox"/> Submission	
<input type="checkbox"/> Delivery eDelivery (AGLs online policy delivery)	
<input type="checkbox"/> Agent Website eStation (AGLs Agent Website)	
<input type="checkbox"/> Policy Owner Service Website eService (AGLs	

**PART 4: Back Office Support (continued)**

1) Number of Back Office Employees: \_\_\_\_\_ (Sales/ Marketing Support)  
\_\_\_\_\_ (New Business / Case Management)  
\_\_\_\_\_ (Licensing and Contracting)  
\_\_\_\_\_ (Commission Accounting)  
\_\_\_\_\_ (General Administration)  
\_\_\_\_\_ (Other: \_\_\_\_\_ )

2) Primary Employee Contact List (or  see attach agency contact roster):

**Agency Principal:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Illustrations / Proposals:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Life Business:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Annuity Business:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**A/H Business:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Licensing / Contracting**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Commissions:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**UW/Pending Business:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Advanced Sales:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Product / Product Release:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**Technology:**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**PART 6: Commitment**

My annual production commitment is \$ \_\_\_\_\_ of paid annualized premium\* in order to justify the contract and compensation level applied for. I understand that if the annual production commitment is not met my contract and compensation levels may be reduced.

\*For Annuity – Paid Production

**PART 7: Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Additional Information:

---

---

**PART 8: Upline / Manager / Home Office**

(not to be completed by applicant)

Contract/Compensation level: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Additional Information:

---

---

---

---