

FIRST CAPITAL INSURANCE LIMITED PROSPECTIVE AGENT SELECTION FORM

Submitted by

Initial Contact Date.....

Name	NRIC No.	Birth Date
	Nationality	
Home Address	Tel No. (Home)	Tel No. (Office)
	Handphone No.	Pager No.
Business Address		E-mail
Education	Marital Status	Spouse Name/Age
Occupation		
Income Level	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Reason (s) for wanting to be a General Insurance Agent.		
Family Background		
Sales Experience	Unique Talent	
Known Successes		
Other Observations		

AGENT'S BUSINESS PROFILE

Other Principals Represented : (i) since.....
 (ii) since.....

a) Volume of Agent's Business

	Volume with	Volume with	Potential Volume with FCIL
Singapore Dollars	\$	\$	\$

b) Portfolio Mix

Marine Cargo :%

Motor :%

Non-Motor :%

c) Profitability of Agent's Portfolio

Marine Cargo :%

Motor :%

Non-Motor :%

d) Niche Market

[] Small/Medium Corporate Accounts (renewable base).....%

[] Big Corporate Accounts (renewable base)%

[] Contracts (non-renewable base)%

[] Business Sector (e.g. Trading Firms, Banks, Hotels, MNC, Transportation and etc.%

e) Cash Terms

Remarks / Recommendations

Marketing Manager's Comments

General Manager's Comments
