



1997 ECONOMIC CENSUS

INSURANCE AGENCIES, BROKERAGES, AND SERVICES

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

FI-6400

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce followup correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

Example: If a figure is **\$1,125,628.79** report

• **Preferred**
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know boundaries

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.
Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general description. In addition – Include revenue earned from:

- Commissions from sales of insurance, annuity contracts, real estate, and securities
- Fees from rate-making, claims adjusting and appraisal, and insurance inspection services
- Rents of property owned by this establishment
- Other operating revenue of this establishment

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1997

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

Do not include commissions paid to agents and brokers unless reported on IRS Form 941.

a. Annual

030

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997

(Include both full- and part-time employees)

Number

032

Include sales agents, brokers, and other personnel if they were reported on the IRS Form 941 for the EIN in label; exclude independent contractors.

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
2 Partnership
3 Government – Specify
4 Corporation
5 Subchapter "S" corporation
6 Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment's PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box. 070

Independent insurance agent or agency 6411101
 Exclusive insurance agent or agency 6411102
 Insurance broker or brokerage 6411103

Third party administration – pension, health, and welfare funds 6371301
 Third party administration – health insurance 6411923

Third party administration – workers' compensation and other self-insurance 6411921
 Insurance claims processing service 6411922

Health care management (providing hospital certification programs, preferred provider organizations, and a range of other services intended to lower or contain health care costs) 6411925
 Third party prescription drug claims processing 6411924
 Insurance claims adjusting 6411911
 Insurance claims appraising 6411912
 Insurance investigation service 6411931

Medical utilization review (including peer review organization) 6411932
 Title abstract office 6541001
 Pension plan asset consulting 6282023
 Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE
Report sources of revenue for this establishment either as dollar figures or as whole percents of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS, below) **Do NOT combine data for two or more lines.**

If you report in dollars, the Total (line 12) should equal Item 4, Dollar Volume of Revenue, on page 1.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				39
	Not acceptable				38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Insurance commissions	850	851				852
a. Life and accident	0831					
b. Health and medical	0832					
c. Property and casualty – personal lines	0833					
d. Property and casualty – commercial lines	0834					
e. Annuity	0835					
f. Title	0836					
g. Other	0839					
h. Sum of lines 1a through 1g	0830					
2. Third party administration and management fees						
a. Pension funds	0851					
b. Health and welfare funds	0852					
c. Workers' compensation self-insurance	0853					
d. Other self-insurance	0854					
e. Sum of lines 2a through 2d	0850					

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
3. Insurance claims adjusting/appraisal fees	0860					
4. Insurance consulting fees	0870					
5. Fees from investment consulting and advice	0880					
6. Title search, title reconveyance, and title abstract service fees	0890					
7. Revenue from all other insurance-related activities	0990					
8. Securities commissions	0800					
9. Real estate sales commissions	1200					
10. Gross rents from real properties owned by this establishment	1300					
11. Other revenue – Specify 076	9810					
12. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

Item 10. SPECIAL INQUIRIES

a. Were there any licensed insurance agents/brokers working out of this establishment during the week of March 12, 1997?

883 1 Yes
 2 No – Skip to item 11

b. Provide the number of licensed agents/brokers (including employees and independent contractor agent/brokers) working out of this establishment during the week of March 12, 1997.

	Number
(1) Full time	884
(2) Part time	885
(3) TOTAL	886

c. Were any commissions paid to independent contractor agents/brokers working out of this establishment during 1997 and NOT reported on IRS form 941 (and not included in Item 5, Payroll, on page 1 of this form)?

948 1 Yes – Report the excluded commissions paid by this establishment to independent contractor agents/brokers in 1997 →

	Mil.	Thou.	Dol.
949			

2 No

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

1 Yes – Complete this item
 2 No – Skip to item 12

b. Is this company owned or controlled by another company?

097 1 Yes →
 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits) _____

ITEM 11 CONTINUED ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1.

Census File Number

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

FI