THE ART AGENCY

THE ART AGENCY · FILE AUDIT

Monthly File Audit Scorecard

Operations Handbook §12 · 5 random files per month · Goal: 95%+ compliance

Audit Month: _____

Auditor: _____

File #1

Customer Name: _____

Policy Number: _____

Producer: _____

Carrier: _____

- ☐ Signed application on file
- ☐ Customer identity verified (name, DOB, address match)
- ☐ All required InsurGrid fields completed
- ☐ PL Rater quote matches bound coverage and premium
- ☐ AMS360 entry complete with all required fields
- ☐ All documents attached to AMS360 file
- ☐ Coverage declinations documented (Section 10)
- ☐ Welcome packet sent
- ☐ Agency Zoom updated to Bound/Won
- ☐ Cross-sell opportunities identified and noted
- ☐ Producer code correct
- ☐ Source code correct

Score: _____ / 12 = _____% **Deficiencies:** _____

File #2

Customer Name: _____

Policy Number: _____

Producer: _____

Carrier: _____

- ☐ Signed application on file
- ☐ Customer identity verified (name, DOB, address match)
- ☐ All required InsurGrid fields completed
- ☐ PL Rater quote matches bound coverage and premium
- ☐ AMS360 entry complete with all required fields

- ☐ All documents attached to AMS360 file
- ☐ Coverage declinations documented (Section 10)
- ☐ Welcome packet sent
- ☐ Agency Zoom updated to Bound/Won
- ☐ Cross-sell opportunities identified and noted
- ☐ Producer code correct
- ☐ Source code correct

Score: _____ / 12 = _____% **Deficiencies:** _____

File #3

Customer Name: _____

Policy Number: _____

Producer: _____

Carrier: _____

- ☐ Signed application on file
- ☐ Customer identity verified (name, DOB, address match)
- ☐ All required InsurGrid fields completed
- ☐ PL Rater quote matches bound coverage and premium
- ☐ AMS360 entry complete with all required fields
- ☐ All documents attached to AMS360 file
- ☐ Coverage declinations documented (Section 10)
- ☐ Welcome packet sent
- ☐ Agency Zoom updated to Bound/Won
- ☐ Cross-sell opportunities identified and noted
- ☐ Producer code correct
- ☐ Source code correct

Score: _____ / 12 = _____% **Deficiencies:** _____

File #4

Customer Name: _____

Policy Number: _____

Producer: _____

Carrier: _____

- ☐ Signed application on file
- ☐ Customer identity verified (name, DOB, address match)
- ☐ All required InsurGrid fields completed
- ☐ PL Rater quote matches bound coverage and premium
- ☐ AMS360 entry complete with all required fields
- ☐ All documents attached to AMS360 file
- ☐ Coverage declinations documented (Section 10)
- ☐ Welcome packet sent
- ☐ Agency Zoom updated to Bound/Won
- ☐ Cross-sell opportunities identified and noted

☐ Producer code correct
☐ Source code correct
Score: _____ / 12 = _____% **Deficiencies:** _____

File #5

Customer Name: _____
Policy Number: _____
Producer: _____
Carrier: _____

☐ Signed application on file
☐ Customer identity verified (name, DOB, address match)
☐ All required InsurGrid fields completed
☐ PL Rater quote matches bound coverage and premium
☐ AMS360 entry complete with all required fields
☐ All documents attached to AMS360 file
☐ Coverage declinations documented (Section 10)
☐ Welcome packet sent
☐ Agency Zoom updated to Bound/Won
☐ Cross-sell opportunities identified and noted
☐ Producer code correct
☐ Source code correct
Score: _____ / 12 = _____% **Deficiencies:** _____

Summary

Overall Compliance Score: _____ / 60 = _____%

Deficiency Trends / Action Items

_____
_____
_____
_____
_____
_____
_____
_____