

PERSONAL LINES ACCOUNT EXECUTIVE

Reports To: Operations Manager

Location: Genesee County & North Oakland County

Status: Exempt

ACCOUNT EXECUTIVE OVERVIEW

Successful and rapidly growing company is seeking a qualified insurance professional to join their winning team in the greater Genesee and North Oakland county areas. We seek an energetic professional interested in growing a new insurance platform. If you are a motivated self-starter with strong technical skills, then this is your opportunity for a rewarding career with excellent income and growth potential.

ACCOUNT EXECUTIVE RESPONSIBILITIES

- Develop referrals by marketing to our affiliates through calls, emails and face-to-face meetings.
- Convert referrals into new business by providing insurance products to fit the customer's needs – no cold calling.
- Provide follow up service to customers on a timely basis.
- Monitor email marketing campaigns to provide communication to customers and referral sources.

BENEFITS

- Very competitive base salary
- Monthly bonuses based on growth
- Monthly bonuses based on retention
- Full benefits package
- Continuing education
- Training and professional development (ie. CIC, CISR, etc.)
- Growing and captivating work environment
- Office located near many restaurants and entertainment options

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REQUIREMENTS

- 2+ years personal lines property & casualty insurance experience
- Valid Michigan Property & Casualty license
- Valid Michigan Life license
- High school diploma
- Customer service and negotiation skills
- Strong phone communication skills
- Team oriented
- High integrity
- Reliable vehicle for limited amount of travel
- NO COLD CALLING!

PREFERRED QUALIFICATIONS

- Experience with comparative rating systems
- Experience with agency management software
- Experience with email marketing campaigns
- Experience with carrier websites
- Experience with Microsoft Excel
- College degree
- Professional designations
- Sales and/or marketing experience

APPLICATION INSTRUCTIONS

We are searching for an energetic and technically adept insurance professional. We offer the opportunity to be part of a unique and dynamically growing organization. With an above average compensation plan and growth opportunity, we are seeking an exceptional individual for the Account Executive role.

If you think this is the right opportunity for you, complete the application below and send to info@capsureins.com.

- Application deadline is TBD



CAPSURE
insurance group

EMPLOYMENT APPLICATION

Application Date: _____

Position Applied for: _____

PERSONAL INFORMATION

Name: _____ Address: _____

Home Phone #: _____ Alternate Phone #: _____

Social Security #: _____

Are you currently employed? Yes No

Are you eligible to work in the United States? Yes No

Have you ever been convicted of a crime, excluding misdemeanors? Yes No

Do you have a reliable means of transportation? Yes No

Have you ever been discharged from any employment or been asked to resign? Yes No

Are you bound by any agreement(s) that would limit your ability to work for the agency? Yes No

EMPLOYMENT

Employer: _____ Phone #: _____ City & State: _____

Position Held: _____ Start Date: _____ End Date: _____

Ending Compensation: _____ Reason for Leaving: _____

Describe work performed: _____

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Describe work performed: _____

EDUCATION

School: _____ City & State: _____

Grade Completed or Degree(s): _____ Subject(s) Studied: _____

School: _____ City & State: _____

Grade Completed or Degree(s): _____ Subject(s) Studied: _____

LICENSES

Property & Casualty License Yes No Life License: Yes No

Health License Yes No Other Licenses: _____ Yes No

DESIGNATIONS

LIC CIC CPCU CLU ChFC CRM CISR Other: _____

DESIGNATIONS

Microsoft Word Skill Level Low Medium High

Microsoft Excel Skill Level Low Medium High

Microsoft Outlook Skill Level Low Medium High

APPLIED Skill Level Low Medium High

AMS Skill Level Low Medium High

Drip Marketing Software Skill Level Low Medium High

Other: _____ Low Medium High

Other: _____ Low Medium High

REFERENCES

Name: _____ Company Name: _____

Phone #: _____ Relationship: _____

Name: _____ Company Name: _____

Phone #: _____ Relationship: _____

NOTIFICATION & AGREEMENT

It is CapSure Insurance Group Inc's policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release CapSure Insurance Group Inc from all liability that might result from making an investigation.

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with, or could reflect adversely on CapSure Insurance Group Inc. I understand that CapSure Insurance Group Inc retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information concerning CapSure Insurance Group Inc, its Insureds, and its Carriers that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of CapSure Insurance Group Inc, and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either CapSure Insurance Group Inc or myself. I understand that no representative of CapSure Insurance Group Inc., other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this employment application does not guarantee that I have been employed by CapSure Insurance Group Inc.

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Signed _____ Date _____