

**PLEASE COMPLETE ALL SECTIONS OF THIS QUESTIONNAIRE, SIGN IT AND RETURN WITH DOCUMENTS**

**Legal Agency Name:**

**Email:**

**DBA:**

**Physical Address:**

(If different than mailing address)

**Mailing Address:**

**City:**

**City:**

**State:**

**State:**

**Zip Code:**

**Zip Code:**

**Phone Number:**

**Agency License Number:**

**Agency is a:** Partnership:  Corporation:

Sole Proprietorship:  LLC:

**Date Agency Established:**

**Federal ID or Soc. Sec. #:**

**Website Address:**

**Do you have multiple locations?** Yes  No

**Please list additional locations including the lines of business that the office specializes in.**

<b>Location 1:</b> <input type="text"/>	<b>Line of Business:</b> <input type="text"/>
<b>Location 2:</b> <input type="text"/>	<b>Line of Business:</b> <input type="text"/>
<b>Location 3:</b> <input type="text"/>	<b>Line of Business:</b> <input type="text"/>

**Names and addresses of ALL persons with an ownership interest in the agency. Attach additional sheets if necessary.**

**Owner 1** \_\_\_\_\_

**Name:**

**Owner 2** \_\_\_\_\_

**Name:**

**Owner 3** \_\_\_\_\_

**Name:**

**Agency Personnel / Key Employees.**

1. Name: <input type="text"/>	2. Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Licensed P&C agent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed P&C agent? Yes <input type="checkbox"/> No <input type="checkbox"/>
License #: <input type="text"/>	License #: <input type="text"/>
Years with Agency: <input type="text"/>	Years with Agency: <input type="text"/>
3. Name: <input type="text"/>	4. Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Licensed P&C agent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed P&C agent? Yes <input type="checkbox"/> No <input type="checkbox"/>
License #: <input type="text"/>	License #: <input type="text"/>
Years with Agency: <input type="text"/>	Years with Agency: <input type="text"/>

**Agency Personnel / Contact in Accounting.**

Name:  Phone #:  Email:

**Agency Personnel / Customer Service.**

Name:  Phone #:  Email:

Number of Employees:  How Many are Licensed?

Have you or anyone in your agency been sued concerning insurance related activities: Yes  No

If Yes, Please Explain:

Have your employees, or your agency been disciplined by ANY state agency or Department of Insurance? Yes  No

If Yes, Please Explain:

Do you carry Error & Omissions Insurance? Yes  No  If No, we will not approve an appointment.

**Financial Information.**

Bank Name:

Bank's complete Mailing Address:  Trust Account #:

Do you have Overdraft Protection on these Accounts? Yes  No

Do you use an Agency Automation System? No  Yes

Which One(s)?

Are you interfaced with any carrier? No  Yes

Which Carrier(s)?

Do you use outside premium finance companies? No  Yes

Which One(s)?

List any agent associations you belong to:

**Must include loss runs for the past 3 years directly from the carrier or GA to support the loss ratios provided below.**

**List the principal trucking carriers you have an agent/broker agreement with, in order of premium volume.**

Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>

**List the wholesalers/program administrators you place business with, in order of premium volume.**

Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>
Name: <input type="text"/>	No. of Years: <input type="text"/>	Annual Premium: <input type="text"/>	Loss Ratio: <input type="text"/>

**Annual Agency Written Premium for Trucking Lines Including all Carriers.**

Current Year	Prior Year	Prior Year
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**General Information.**

Describe the agency's principal marketing territory, including all states where that business is written:

Describe mediums used for advertising:

Please indicate breakdown of target commodities:

Intermodal: %    General Freight: %    Refrigerated Goods: %    Flatbeds: %

Boxtrucks: %    Others: %

Years in Business?     Office Hours:

Office Type:

Residential:     Commercial:     Office Bldg.:     Mall:     Store Front:     Industrial:

Other: Specify

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Please attach copies of the following documentation to your application.

1. Individual Brokers and Agency License(s).
2. Errors & Omissions Dec Page with a minimum of 1 Million CSL (Carrier must be AM Best Rated "A" or better).
3. Form W-9

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I represent and warrant that the statements made in this application are true to the best of my knowledge, information and belief.

Print or type Agency Name:

Signature:

Date:

Print Name:

Title:

Comments: