



## AGENCY / BROKER PROFILE

Please type your answers  
(Use a separate answer sheet if necessary)

### I. GENERAL INFORMATION:

- NAME OF FIRM:
- PRINCIPAL ADDRESS:
- MAILING ADDRESS:
- PHONE:
- WEBSITE:
- TYPE OF ENTITY:  
CORPORATION          PARTNERSHIP          INDIVIDUAL
- FEDERAL ID NUMBER:

### II. BACKGROUND

- YEAR BUSINESS ESTABLISHED:
- DURING THE PAST FIVE YEARS HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM OR HAS THE FIRM CHANGED NAMES?  
▪ IF YES, PLEASE DESCRIBE:
- IS FIRM ENGAGED IN, OWNED BY, ASSOCIATED OR AFFILIATED WITH, OR CONTROLLED BY ANY OTHER BUSINESS INTEREST?  
▪ IF YES, PLEASE EXPLAIN:
- ARE YOU A MEMBER OF:          ATA          MCA          OTHER  
▪ IF OTHER, PLEASE LIST:

### III. PRINCIPALS AND PERSONNEL

- BREAKDOWN OF PRODUCER'S STAFF (NUMBER)

	CURRENT YEAR	PRIOR YEAR
PRINCIPALS, PARTNERS, OWNERS:		
OFFICERS, MANAGERS:		
BROKERS (OTHER THAN ABOVE):		
UNDERWRITERS:		
OTHER EMPLOYEES:		
TOTAL STAFF:		

### IV. KEY PERSONNEL BY POSITION:

POSITION	NAME	PHONE	EMAIL ADDRESS

### V. PREMIUM VOLUME AND DISTRIBUTION

- YOUR TOTAL VOLUME OF BUSINESS:

	PRIOR	CURRENT	NEXT YEAR
COMMERCIAL AUTO (LIABILITY):			
○ LARGE FLEET (26+ POWER UNIT):			
○ SMALL FLEET TRUCK (1-25 POWER UNIT):			
COMMERCIAL AUTO (PHYSICAL DAMAGE):			
○ LARGE FLEET (26+ POWER UNIT):			
○ SMALL FLEET TRUCK (1-25 POWER UNIT):			
CARGO:			
GENERAL LIABILITY:			
EXCESS & UMBRELLA:			
WORK COMP & OCCUPATIONAL ACCIDENT:			
PROPERTY:			
OTHER:			
○ PLEASE DESCRIBE:			

### VI. LIST MAJOR COMPANIES IN ORDER OF PREMIUM VOLUME:

NAME	YEARS REPRESENTED	ANNUAL VOLUME	LOSS RATIO	BINDING AUTHORITY (Y/N)	NUMBER OF YEARS WITH CONTRACT

VII. DESCRIBE SCOPE OF BINDING AUTHORITY. I.E., LIMIT OF AUTHORITY, LINES, ETC.,

○

VIII. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS:

○

IX. DO YOU ADJUST CLAIMS FOR ANY COMPANIES YOU REPRESENT? YES NO

○ IF YES, PLEASE EXPLAIN:

X. DESCRIBE ANY SAFETY OR LOSS CONTROL SERVICES PROVIDED BY YOUR ENTITY:

○

XI. COMPLIANCE INFORMATION:

○ HAS YOUR FIRM OR ANY MEMBER OF IT RECEIVED ANY DISCIPLINARY ACTION OR COMPLAINT BY A STATE INSURANCE DEPARTMENT OR OTHER REGULATORY AUTHORITY? YES NO

▪ IF YES, EXPLAIN:

○ IS THERE ANY PENDING OR THREATENED LITIGATION OR JUDGEMENTS WITHIN THE PAST FIVE YEARS EXCEEDING \$10,000 AGAINST THE BROKER OR ANY OF THE PRINCIPALS? YES NO

▪ IF YES, EXPLAIN:

○ HAS ANY MEMBER OF YOUR FIRM BEEN CHARGED, CONVICTED, OR PLEAD NOLO CONTENDERE IN CONNECTION WITH ANY INSURANCE-RELATED OFFENSE, FINANCIAL OFFENSE, OR FELONY? YES NO

▪ IF YES, EXPLAIN

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FOREGOING QUESTIONS ARE TRUE, COMPLETE AND ACCURATE WITH NO MISREPRESENTATIONS, OMISSIONS, OR ANY OTHER CONCEALMENT OF FACT.

SIGNATURE OF APPLICANT:

TITLE OF APPLICANT:

DATE OF SIGNATURE: