

AGENCY PROFILE

Please return survey to:

Sales & Marketing

Email: INFO@TIEXPERTS.COM



AGENCY OVERVIEW

Agency Name:		
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Street Address:	Mailing Address:	

Telephone:	-	Fax: () -
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Year Agency Established:		Website Info:	
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During the Past 3 years:

Has the name of the agency changed? Yes

No

Has the agency been sold/acquired? Yes

No

Has the agency merged with another? Yes

No

(If yes, please attach note with details.)

Organization: Sole Proprietor Partnership Corporation LLC

Taxpayer ID Number or
Social Security No: _____

Branch Offices:
(or Other Affiliates)

(Attach separate
document if necessary)

Are you a member of any aggregator, agency network, or cluster group?

Yes No

If yes please list the group you are a member of: _____

CONTACTS	Name:	Telephone Number:	E-Mail Address:
Accounting:			
Licensing:			

Who will be the main contact for TIE?

Name:	Title:	Telephone Number:	E-Mail Address:

List the Personnel that will be marketing & producing business for TIE:

Name:	Title:	Telephone Number:	E-Mail:	Would you like to be on our mailing list?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

OPERATIONS

Do you operate exclusively as a retail broker? Yes No

If No, do you also operate as a Wholesale Broker? Yes No

Please advise the percentage of your business in each category:

% Retail % Wholesale

List the States you write in: _____

Is your AGENCY also licensed? Yes No

If so, attach copies of all appropriate state licenses individual and producer where you conduct business.

Where do you source your Business? _____

SALES VOLUME

Please provide the Agency's total premium volume and transportation premium for this year and the **past 3 years**, as well projections for the next year.

Year:	Total Agency Premium:	Transportation Premium:
2024 Projections	\$	\$
Current YTD	\$	\$
2023	\$	\$
2022	\$	\$
2021	\$	\$

Please list the top 5 property & casualty companies with whom you place insurance:

Company Name	Access via MGA or Direct?	If MGA, how accessed?	Years Represented	Trucking Accounts Premium (\$)	Loss Ratio
	MGA <input type="checkbox"/> DIR <input type="checkbox"/>				%
	MGA <input type="checkbox"/> DIR <input type="checkbox"/>				%
	MGA <input type="checkbox"/> DIR <input type="checkbox"/>				%
	MGA <input type="checkbox"/> DIR <input type="checkbox"/>				%
	MGA <input type="checkbox"/> DIR <input type="checkbox"/>				%

Premium Volume by Line of Business for Trucking

Auto Liability	\$	General Liability	\$
Automobile Physical Damage	\$	Excess Liability/Umbrella	\$
Motor Truck Cargo	\$	Workers' Compensation	\$

ESTIMATED PRODUCTION WITH TIE

New Business:

Existing Renewals:

Book move Opportunity if any in Agency:

Total:

Current Year:	Next Year:
\$	\$
\$	\$
\$	\$
\$	\$

Where is the new and transfer business coming from and why? What is the loss ratio?

Please describe the role that TIE will play in your overall business operation.

Accounting

Bank Reference:			
Address:			
Phone:	() -		
Premium Trust Account #(s)			
Bank Contact:			
Bank Contact Phone Number:	() - - -		

Will all accounting issues be handled by principal agency location (listed on page 1 of Survey)? Yes No

If no, please describe: _____

Does your agency agree to furnish TIE with financial statements upon request? Yes No

ERRORS & OMISSIONS COVERAGE

Carrier		Policy #	
Policy Term		Limit	\$
Deductible	\$		

****DOCUMENT REQUIRED- Please provide a copy of the Agency's current in-force E&O policy declaration's page.****

Has your agency changed had any E & O Claims in the last 5 years? Yes No
 Has your agency had any judgments or liens filed, paid or dismissed in last 5 years? Yes No
 Has any principals ever been found guilty, or pled no contest to a crime other then a traffic infraction? Yes No
 Has any of your producers been censured for anything other then failure to complete CE course Yes No

If any responses are yes, please provide a full description of event(s) _____

AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Transportation Insurance Experts, (TIE) or its assigns to verify the accuracy of the information contained in the information provided and to obtain business information regarding credit history from banks, creditors, credit reporting companies and references listed on this survey. Such information, along with this survey, shall remain the property of TIE. This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with TIE. A photocopy of the authorization will be as valid as the original.

Notice: If your application for business is denied, you have the right to a statement of the specific reasons for denial. Please contact TIE in writing within 60 days from the date you are notified of the decision. A written statement of reasons for denial will be provided within 30 days of receiving your request.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE; BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20580.

Printed Name _____

Signature _____

Title _____

Date _____