



AGENCY PROFILE

Agency Full Legal Name: _____ Agency Address: _____ Agency Website: _____ Agency Phone Number: _____ Principal/Owner's Name: _____ Principal/Owner's Email: _____		
Date Agency Applied for Authority with Secretary of State: _____ State Domiciled: _____ Number of Employees: _____ Total Annualized Agency Premium: \$ _____		
Lines	Percentage (%)	Net Written Premiums (\$)
Personal Lines		
Commercial Lines		
Source of Your Clients	Percentage (%)	Net Written Premiums (\$)
As a Retail Agent		
As a Wholesaler/Broker		

TRUCKING & TRANSPORTATION

Please identify the breakdown of current long haul trucking liability insurance writings by state			
STATE	NET WRITTEN PREMIUM	STATE	NET WRITTEN PREMIUM

Please identify the breakdown of current trucking liability insurance writings by carrier	
Carrier	Annual Net Premium Writings

Carrier	Annual Net Premium Writings

Please identify the breakdown of current trucking insurance writings by Line of Business (LOB)	
Line of Business (ex: AL, GL, APD, MTC)	Annual Net Premium Writings

Why is your agency seeking an appointment?

Please email your completed form to marketing@bsrinsurance.com

