



AGENCY PROFILE - TRANSPORTATION PROGRAMS

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 of Domicile: _____
 Number of Employees: _____

Does your agency act in the capacity of an MGA, MGU, or Wholesale Broker? _____
 Does your agency allow co-brokering, or double brokering of business? _____
 Total Annualized Agency Premium: \$ _____

Agency Lines of Business	Percentage (%)	Net Written Premiums (\$)
Personal Lines		
Commercial Lines		

TRUCKING & TRANSPORTATION

Transportation Practice Leader(s): _____
 Transportation Practice Leader(s) Email: _____
 Transportation Practice Leader(s) Contact Number: _____

Number of Transportation Producers: _____
 Average Years of Transportation Experience for Transportation Agency Producers? _____
 Does the Transportation Staff utilize CAB (Central Analysis Bureau) when vetting risks? _____

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

Identify the breakdown of current trucking liability insurance writings by carrier:	
<i>CARRIER</i>	<i>ANNUAL NET WRITTEN PREMIUM</i>

Identify the breakdown of the trucking liability accounts by fleet size:	
<i>FLEET SIZE</i>	<i>PERCENTAGE</i>
1-4	
5-9	
10-24	
24-49	
50+	

Identify Percentage of Interstate Trucking vs Intrastate Trucking Writings:	
<i>Intrastate vs Interstate</i>	<i>Percentage</i>
Intrastate	
Interstate	

Identify the breakdown of current trucking insurance Annual Net Premium Writings by Line of Business:	
<i>LINE OF BUSINESS</i>	<i>ANNUAL NET WRITTEN PREMIUM</i>
Auto Liability	
Auto Physical Damage	
Motor Truck Cargo	
General Liability	

Please send your completed form and/or questions to Director of Business Development / Agency Relations:
 Brett Biskup bbiskup@bsrinsurance.com 469-293-4687