|  |  |
| --- | --- |
|  GTU AGENCY SURVEY CHECKLIST |  GTU |

Please confirm you have included the following information with your request for appointment:

[ ]  Agency Survey

[ ]  Copies of all Current Producer & Agency Licenses in each state you write commercial insurance.

[ ]  Copies of the Agency’s Financial Statements

Income Statements and Balance Sheets for most recent full year and interim statements for current year to date

Financials must be provided and approved in order to be considered for Broker Billing. All others will be limited to Pre-payment in full prior to binding.

[ ]  Copy of the Agency’s current in-force E&O policy declarations page.

Please indicate your primary interest in working with GTU:

[ ]  Commercial Auto Division (business auto and trucking)

[ ]  Logistics Division (freight brokers, freight forwarders, 3PLs)

[ ]  Both

|  |  |
| --- | --- |
| AGENCY SURVEYPlease return survey to:*Sales & Marketing*Email: marketing@gtu-ins.com orFax: 615.760.2735 | GTU*For Questions, Call: 800.488.8852* |

###### AGENCY OVERVIEW

|  |  |
| --- | --- |
| **Agency Name:** |       |

|  |  |  |
| --- | --- | --- |
|  | **Street Address:** | **Mailing Address:** |
|  |       |       |
|  |       |  |
|  |  |  |
| **Telephone:** |       |      -      | Fax: | (     ) |      -      |
| (Attach a list of extensions, if applicable) |  |  |  |  |  |
| **Year Agency Established:** |       |  Web Page Address: |       |

**During the Past 5 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 list if necessary) |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ownership:** | **Name:** | **Title:** | **Years In Insurance:** | **Year Started With Agency:** | **% Ownership** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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

### Who will be the main contact for GTU?

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Title: | Telephone Number: | E-Mail: | Would you like to be on our mailing list? |
|       |       |       |       |   YES [ ]  NO [ ]  |
|       |       |       |       |   YES [ ]  NO [ ]  |
|       |       |       |       |   YES [ ]  NO [ ]  |
|       |       |       |       |   YES [ ]  NO [ ]  |

Has the agency or any of its principals ever been found guilty of, or been fined for any violations of law or had any errors & omissions and claims either paid by the insurance company or by the agency?

 Yes [ ]  No [ ]  If yes, please attach a full description of event(s).

###### 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

 Brokerage/MGA

Is your AGENCY also licensed? YES [ ]  NO [ ]

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

###### SALES VOLUME

Please provide the Agency’s total premium volume and transportation premium for the **past 2 years**, and projections for current year.

|  |  |  |
| --- | --- | --- |
| **Year:** | **Total Agency Premium:** | **Transportation Premium:** |
| **Current Y-T-D:** |  $      | $      |
| **Prior 1st Year** | $      | $      |
| **Prior 2nd Year** | $      | $      |

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 [ ]  DIR [ ]  |       |       |       |      % |
|       | MGA [ ]  DIR [ ]  |       |       |       |      % |
|       | MGA [ ]  DIR [ ]  |       |       |       |      % |
|       | MGA [ ]  DIR [ ]  |       |       |       |      % |
|       | MGA [ ]  DIR [ ]  |       |       |       |      % |

###### Premium Volume by Line of Business for Truck

|  |  |  |  |
| --- | --- | --- | --- |
| Auto Liability | $      | Motor Truck Cargo | $      |
| Automobile Physical Damage | $      | General Liability | $      |
| Excess Liability/Umbrella | $      | Workers’ Compensation | $      |

###### ESTIMATED PRODUCTION WITH GTU

|  |  |  |
| --- | --- | --- |
|  | Current Year: | Next Year: |
| New Business: | $      | $      |
| **Transfer from Current Company in Agency:** | $      | $      |
| **Transfer from Discontinued Company in Agency:** | $      | $      |
| **Total:** | $      | $      |

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

|  |
| --- |
|       |
|       |

|  |
| --- |
| Please describe the role that GTU will play in your overall business operation.  |
|       |
|       |
|       |

###### FINANCIAL

|  |  |
| --- | --- |
| **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: |       |
|       |

Has your agency had any judgments or liens filed, paid or dismissed in last 5 years? Yes [ ]  No [ ]

Does your agency agree to furnish GTU with financial statements upon request annually? Yes [ ]  No [ ]

**\*\*ATTACHMENT REQUIRED\*\*** Please provide copies of the agency’s financial statements (income statements and balance sheets for most recent full year and interim statements for current year to date).

###### ERRORS & OMISSIONS COVERAGE

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier |       | Policy # |       |
| **Policy Term** |       | **Limit** | $      |
| **Deductible** | $      |  |  |

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

###### AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Greenwich Transportation Underwriters, Inc. (GTU) 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 GTU. 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 GTU. 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 GTU 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 20581.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name & Title |  | Date |
|  |  |
| Signature  |  |