



GUARDIAN

Insurance Wholesalers, Inc.

AGENCY QUESTIONNAIRE

Full Name of Agency:
Contact Name:
Contact Phone#:
FEIN or SS#:
Business Address (Mailing):
Business Address (Physical):
Business Phone Number:
Fax Number:
Email Address:
Website URL:
Any Branch Offices?

License Holders (copies of Corporate & Individual Resident & Non Resident Licenses required if approved)

NAME	STATE	NAME	STATE

Agency Principals

President	Vice President	Marketing Manager
Accounting	Other	Other

AGENCY HISTORY

Year Established:
Has the agency been recently purchased, merged or consolidated with another agency? If Yes, please describe.
Is the agency engaged in, owned by, associated or affiliated with, or controlled by any other business? If Yes, please describe.
What are the top 3 Markets you currently write with for Trucking Insurance? List in order with premium volume.
What is your total book of Trucking Insurance business?
What Percentage of your total agency book is Trucking Insurance business?
Do you belong to any Associations?
Has any member of your firm received disciplinary action by a state regulatory authority? If Yes, please explain.