

AGENCY SURVEY

Please return survey to:

Email: newproducers@guardian-ins.com



GUARDIAN

Insurance Wholesalers, Inc.

AGENCY OVERVIEW

Agency Name:	
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Street Address:	Mailing Address:

Telephone:		Fax:	
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(Attach a list of extensions, if applicable)

Year Agency Established:	<input type="text"/>	Web Page Address:	<input type="text"/>
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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.)**

Taxpayer ID Number

Branch Offices:
(or Other Affiliates)
(Attach separate list if necessary)

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

Please list the top 5 Property & Casualty companies with whom you place Transportation 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 Truck

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

ESTIMATED PRODUCTION WITH GUARDIAN

Current Year:	Next Year:
\$	\$

****Note: Minimum annual production requirement is \$250,000****

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: _____

Describe how your agency processes premium finance funds. _____

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

ERRORS & OMISSIONS COVERAGE

Carrier		Policy #	
Policy Term		Limit	\$
Deductible	\$		

AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Guardian Insurance Wholesalers, Inc. 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 Guardian. 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 Guardian. A photocopy of the authorization will be as valid as the original.

Name & Title

Date

Signature