

# AGENCY SURVEY

Please return survey to:

Email: [newproducers@guardian-ins.com](mailto:newproducers@guardian-ins.com)



## GUARDIAN

Insurance Wholesalers, Inc.

### AGENCY OVERVIEW

<b>Agency Name:</b>	
<b>Primary Contact:</b>	

	<b>Street Address:</b>	<b>Mailing Address:</b>
<b>Telephone:</b>		<b>Fax:</b>

**Year Established:**

**Website:**

#### 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**

**States Licensed in:**

  

<b>Ownership:</b>	<b>Name:</b>	<b>Title:</b>	<b>Years In Insurance:</b>	<b>Year Started With Agency:</b>	<b>% Ownership</b>

<b>Contacts</b>	<b>Name:</b>	<b>Telephone Number:</b>	<b>E-Mail Address:</b>
<b>Accounting:</b>			
<b>Licensing:</b>			

## 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
%	%

## 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:
<b>Current Y-T-D:</b>	\$	\$
<b>Prior 1<sup>st</sup> Year</b>	\$	\$
<b>Prior 2<sup>nd</sup> Year</b>	\$	\$

Please list the top 5 companies with whom you place business:

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

<b>Current Year:</b>	<b>Next Year:</b>
\$	\$

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

Has your agency had any disciplinary actions from an insurance department in the last 5 years? 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 claims either paid by the insurance company or by the agency? Yes  No

If you answered yes to either of the above questions, please attach a full description of the event(s).

## ERRORS & OMISSIONS COVERAGE

<b>Carrier</b>		<b>Policy #</b>	
<b>Policy Term</b>		<b>Limit</b>	\$
<b>Deductible</b>	\$		

## COMMENTS


## 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