

MOTOR TRANSPORT MUTUAL RISK RETENTION GROUP

PRODUCER PROFILE

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

FEDERAL ID or Social Security #: \_\_\_\_\_

Agency License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**BACKGROUND**

Year business established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

During the past 5 years has the firm been acquired or merged with another firm or has the firm changed names?

Yes  No. If yes, reason: \_\_\_\_\_

Is the Producer engaged in, owned by, associated with or controlled by any other business interests?

Yes  No. If yes, name of firm: \_\_\_\_\_

**PRINCIPALS AND LICENSED PERSONNEL**

<u>Name of Principal(s)</u>	<u>Position</u>	<u>% of Ownership</u>	<u>Years at Agency</u>	<u>Email address</u>

<u>Name - Licensed (attach separate sheet if necessary)</u>	<u>License Number</u>	<u>Years Licensed</u>	<u>Years at Agency</u>	<u>Email address</u>

**AGENCY QUESTIONNAIRE**

Are you a (check all that apply):  Surplus Lines Agent  MGA  Wholesaler  Subsidiary  Retail Agency (if applicable): Surplus Lines License # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you accept and commercial business from other agents (double brokering)?  Yes  No. If yes, GWP \_\_\_\_\_%

Are you a subsidiary of any "parent" company or entity?  Yes  No. Firm is \_\_\_\_\_% Retail \_\_\_\_\_% Wholesale

Have any carrier contracts been terminated or non-renewed by you or with your agency in the past 24 months?  
 Yes  No. If yes, name of the company and reason for termination(s): \_\_\_\_\_

Does your agency have any balance due companies that are over sixty (60) days?  Yes  No. If yes, explain: \_\_\_\_\_

List of current MGA's or wholesalers you do business with: \_\_\_\_\_

Do you write business outside your State?  Yes  No. Non-resident #/States: \_\_\_\_\_

<u>List the Five (5) largest companies in rank by premium</u>	<u>Approximate Volume</u>	<u>Loss Ratio</u>

**FINANCIAL**

Accounting address, if different: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate E & O Carrier (attach a copy of Declarations Page)

Company: \_\_\_\_\_ Limit: \_\_\_\_\_

Policy #: \_\_\_\_\_ X-date: \_\_\_\_\_

How many E & O claims have you or your agency had in the past 5 years? If any, describe below \_\_\_\_\_

Has any E & O insurance ever been cancelled or increased due to claims activity/poor loss results?  Yes  No.  
If yes, what years? \_\_\_\_\_

Has anyone in your company been under investigation, received disciplinary action or convicted by any regulatory body with respects to unfair business practices, deceptive trade practices, insurance fraud or other violations?  
 Yes  No. If yes, explain: \_\_\_\_\_

Any pending or threatened litigation or judgments in the past 5 years exceeding \$10,000 against the agency or any principals?  Yes  No. if yes, describe: \_\_\_\_\_

---

The Fair Credit Reporting Act Public Law 91-508 requires us to disclose to the prospective producer, that as part of our routine procedure, the Company may inquire as to the character, general reputation, personal characteristics and mode of living of said prospective producer. This information will be obtained through a regular reporting company, usually the Retail Credit Company.

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FOREGOING QUESTIONS ARE TRUE, COMPLETE AND ACCURATE WITH NO MISREPRESENTATIONS, OMISSIONS OR ANY OTHER CONCEALMENT OF FACT. I FURTHER UNDERSTAND THAT ANY INFORMATION PROVIDED IN THIS PROUDCER PROFILE WILL BECOME PART OF THE PRODUCER AGREEMENT, IF APPROVED.

X \_\_\_\_\_  
Producer Authorized Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Type/Printed Authorized Signature

Note: Please email completed questionnaire, broker agreement, copy of current E&O, resident license and non- resident license for all other writing states to: [trogers@mtmanagers.com](mailto:trogers@mtmanagers.com) Your application will be reviewed for approval. If approved, you will be assigned an agency code and will be notified by email.

Thank you for doing business with Motor Transport Managers, LLC.

**\*\*\*Please attach a copy of your agency errors and omissions policy declaration page. A minimum of a \$1,000,000 limit is required to be approved as an Motor Transport Managers, LLC Producer.\*\*\***