

TRANSPORTATION RISK UNDERWRITERS, INC



BROKER QUESTIONNAIRE GENERAL INFORMATION

1. Name of Agency _____

2. Mailing Address

3. Physical Address

4. Phone: _____ Fax: _____

Email _____ Email _____

5. FEDERAL ID or SOCIAL SECURITY # _____

BACKGROUND

1. Year business established _____ Date Incorporated _____

2. During 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 interest?

Yes No

If yes, name of firm. _____

PRINCIPALS & PERSONNEL

1. Staff: How many:

- a. Principals & Owners _____
- b. Producers _____
- c. CSR's _____
- d. Marketing _____
- e. Clerical _____
- Total: _____

2. Principals, Officers, Producers License Number

- a. _____
- b. _____
- c. _____
- d. _____

OPERATIONS

1. Do you write business outside your State? () Yes () No
Non-resident Number/States

Brokerage Questionnaire

2. Firm is _____% Retail _____% Wholesale

PREMIUM VOLUME AND DISTRIBUTION

1. Property & Casualty Volume anticipated this year
\$ _____
Commercial _____% Personal Lines _____%

2. Major Companies in order of Premium Volume
Standard -- Commercial Brokerage -- Commercial

- a. _____
- b. _____
- c. _____
- d. _____

3. Companies discontinued past 5 years (show Standard & Brokers)

FINANCIAL

1. Accounting address, if different

Contact: _____

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

Company _____ **Limit** _____

Policy # _____ **X-Date** _____

3 Has any member of your firm received any disciplinary action by state regulatory authority? () Yes, describe () No

4. Any pending or threatened litigation or judgments in past 5 years exceeding \$10,000 against firm or any principals?

() Yes, describe () No

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.

Signature of Authorized Applicant

Title _____ **Date** _____

NOTE: Please fax completed questionnaire, broker agreement, copy of current E & O, Resident license and Non-resident licensing for all other states writing to 800-686-2170. Then mail originals to 8200 Kingston Pike Suite 21 Knoxville, TN 37919

Your application will be reviewed for approval. If approved, you will be assigned an Agency code as well as an agency login and password to our website. You will then be able to submit business.

**Thanks for doing business with
TRANSPORTATION RISK UNDERWRITERS, INC**



Transportation Risk Underwriters, Inc 2008