

HOW DID YOU HEAR ABOUT US? Facebook TI Website Search Engine (i.e. Google, etc.) DOXA Referral
 DOXA Appointed Agent Other _____

Agency Name: _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Years in Business: _____ Years Specialized in Trucking: _____

Other Office Location(s). Use separate sheet if you need more space for additional locations.

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Main Contact: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Main Contact: _____ Email: _____

Daily Policy Correspondence Contacts: Names & Email(s):

Billing Contacts: Names & Email (s):

How much trucking business do you currently produce and what is your minimum and maximum premium written per risk?

TYPE OF COVERAGE	TOTAL PREMIUM	MINIMUM PREMIUM	MAXIMUM PREMIUM
Primary Liability	\$	\$	\$
Motor Truck Cargo	\$	\$	\$
Physical Damage	\$	\$	\$
Non-Trucking / Unladen Liability	\$	\$	\$
General Liability	\$	\$	\$
Contingent Cargo	\$	\$	\$
Worker's Comp	\$	\$	\$
Occupational Accident	\$	\$	\$
Contingent Auto Liability	\$	\$	\$
Other	\$	\$	\$

How does your current production compare to the last 3 years?

What type of trucking risks do you insure? (i.e., steel haulers, RV Haulers, dump, etc.)?

Use space on the last page or attach an extra sheet if there is insufficient space for answers

In what states do you market?

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA
 ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK
 OR PA RI SC SD TN TX UT VT VA WA WV WI WY

What truck markets do you currently use?

COMPANY NAME	LINES OF BUSINESS	YEARS USED

Why does your agency need another truck market?

What products or services does your agency need that it doesn't currently have?

Assuming Transportation Insurors can provide quality products at competitive prices, with the exception of Primary Liability, how much business could TI write for your agency in the first year?

TYPE OF COVERAGE	TOTAL PREMIUM	MINIMUM PREMIUM	TOTAL PREMIUM
Primary Liability	\$	Contingent Cargo	\$
Motor Truck Cargo	\$	Worker's Comp	\$
Physical Damage	\$	Occupational Accident	\$
General Liability	\$	Contingent Auto Liability	\$
Non-Trucking / Unladen Liability	\$	Other	\$

Please tell us anything about your agency that might be important, interesting, or unique:

Please list your current employees' names and emails (Please attach a separate sheet if you need more space for additional employees).

	NAME	EMAIL
MAIN AGENCY CONTACT		
PRODUCERS		
CUSTOMER SERVICE REPS		
BILLING & ACCOUNTING		
ADMINISTRATIVE		

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Please submit your application & the following documents to sales@transportationinsurors.com

- A Copy of Your Current Main Producers & Agency Licenses for the State of Domicile
- Surplus Lines Affidavit
- W-9

This affidavit acknowledges that Transportation Insurors collects and pays the Surplus Lines taxes on your behalf. For verification purposes, simply sign and return this letter. A verification will be sent to you annually to sign and return for our records.

Thank you in advance for your prompt attention to this matter. We look forward to building stronger relationships, increasing efficiency, and providing more personal service based upon your updated, complete, and accurate information. We apologize for any inconvenience this process may create.

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE PRODUCER LISTED BELOW IS NOT RESPONSIBLE FOR THE ACCOUNTING, REPORTING, OR PAYMENT OF ANY AND ALL "EXCESS AND SURPLUS LINES TAX" IN ANY STATE IN WHICH INSURANCE IS MARKETED AND PROVIDED THROUGH TRANSPORTATION INSURORS. I FURTHER CERTIFY THAT ALL SURPLUS LINES TAXES ARE SENT DIRECTLY TO AND ARE PAID BY TRANSPORTATION INSURORS ON OUR BEHALF.

AGENCY NAME: _____

ACCEPTED BY:

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____