

PRODUCER SURVEY

Please print clearly using black or blue ink.
Use a separate sheet if necessary.



**NATIONAL TRUCK
UNDERWRITING
MANAGERS, INC.**

5001 American Blvd. West, Suite 801
Bloomington, MN 55437-1160
(952) 893-1234
(800) 831-NTUM (6886)

A—General

Name of Firm _____ Primary Contact _____

Principal Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Phone _____ FAX _____

Email Address _____ Website Address _____

Legal Structure of Company
 Individual Corporation Partnership Other _____

Taxpayer ID Number _____ Year Business Established _____

B—Background

1. Has this agency been involved in a merger or acquisition in the last 5 years? Yes No
 If yes, please explain _____

2. Is this agency owned by, or affiliated with, another business interest? Yes No
 If yes, please explain _____

C—Ownership & Personal

1. List principals, partners, and owners and attach resumés

Name	Title	% Ownership	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Indicate the number of staff for each of the following categories

Owners/Officers _____ Producers _____
 Managers _____ Other Support Staff _____ **Total**

D—Operations

1. Does your agency operate as a Wholesaler, MGA, Retailer, or a combination?
 _____ % Retail _____ % Wholesale/Brokerage _____ % MGA Binding Authority

2. Do you sub-broker any business for other retail agencies? Yes No
 If yes, please explain: _____

3. Please provide a list of your **top 4** states for truck production

State	License #	Approx. Annual Truck Premium	State	License #	Approx. Annual Truck Premium
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

4. Attach copies of your current licenses for the states listed above.

E—Annual Premium Volume

What is your annual premium volume for all lines? \$ _____

F—Annual Truck Premium

Please list your total truck volume for last year

<u>By Radius</u>	<u>Approx. Percentage</u>	<u>Annual Premium</u>	<u>By Line</u>	<u>Approx. Percentage</u>	<u>Annual Premium</u>
0-75 miles	%	\$	Truck Liability	%	\$
76-300 miles	%	\$	Truck Physical Damage	%	\$
301-500 miles	%	\$	Motor Truck Cargo	%	\$
500+ miles	%	\$	TOTAL:	100 %	\$
TOTAL:	100 %	\$			

G—Markets & Business Relationships

1. Please list your top 4 transportation markets

<u>Company</u>	<u>Years Represented</u>	<u>Annual Volume</u>	<u>Loss Ratio</u>
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

2. Please list any transportation companies terminated in the last 3 years

<u>Company</u>	<u>Termination Date</u>	<u>Reason For Termination</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

3. Anticipated volume to National Truck will come from the following sources

1. New business _____
2. Transfer from current company in the office (please identify) _____
3. Transfer from discontinued company (please identify) _____

H—Financial Information

Accounting Contact at Your Agency	Phone	Email
Your Bank Name	Trust Account #	
Bank Contact Name	Bank Contact Phone	

1. Do you maintain **Fidelity Coverage** over all offices and employees? Yes No

If yes, please provide the following (and attach a copy of the declarations page):

<u>Insurance Company</u>	<u>Policy #</u>	<u>Limit</u>	<u>Expiration Date</u>
_____	_____	\$ _____	_____

2. Do you maintain **Exclusions and Limitations (E&O) Coverage**? Yes No

If yes, please provide the following (and attach a copy of the declarations page):

<u>Insurance Company</u>	<u>Policy #</u>	<u>Limit</u>	<u>Expiration Date</u>
_____	_____	\$ _____	_____

3. Has any member of your firm received any disciplinary action by state insurance department or other regulatory authority? Yes No

If yes, please explain:

4. Is there any pending or threatened litigation or judgments within the past 5 years exceeding \$10,000 against the broker or any of the principals? Yes No

If yes, please explain:

I—Premium Finance/Professional References

Name of Current **Primary** Premium Finance Company

Address City State Zip

Contact Person Phone

Name of Current **Secondary** Premium Finance Company

Address City State Zip

Contact Person Phone

Name of Other Business Reference

Address City State Zip

Contact Person Phone

J—Declaration & Signature

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentatives, omissions, or any other concealment of fact.



Applicant's Signature Print Name Date

Title

Be sure to include copies of:

- Licenses
- Fidelity Coverage Declarations Page (if applicable)
- E&O Declarations Page
- Current Financials

Return to:

Tom Platt
National Truck Underwriting Managers, Inc.
Corporate Square
7300 South 13th Street, Suite 202
Oak Creek, WI 53154
(866) 376-NTUM (6886)
FAX (414) 762-3992

LICENSING INFORMATION

The following information is required to enable National Truck Underwriting Managers, Inc. to requisition a license for you. Please furnish the information on the lines below:



NATIONAL TRUCK
UNDERWRITING
MANAGERS, INC.

5001 American Blvd. West, Suite 801
Bloomington, MN 55437-1160
(952) 893-1234
(800) 831-NTUM (6886)

Full Name (Print exactly as it appears on your license)

Home Address City State Zip

County

Home Phone Business Phone

Date of Birth Place of Birth

Social Security Number

If Licensed as a Corporation, Name of Corporation

Names of all individuals licensed

Lines of Insurance licensed for in your state

Agent's License Number Agency Owner's Name

List all states in which you hold a non-resident license

- **Please furnish a copy of your current license(s)**
- **Complete, sign and notarize (if required) and return to:**

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